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CANADIAN WELFARE



CANADIAN WELFARE

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R. E. G. DAVIS, *Executive Director*

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Cover Picture: A conference of the treatment team in a DVA hospital. See article
on page 17.

PROVISION FOR THE UNEMPLOYED

About this time each year statistics on the number of unemployed persons begin climbing toward their peak. Each year during the winter months reports on the unhappy plight of families whose breadwinners are unemployed appear in the press, and remind us that gaps still exist in the country's provisions for the needs of employable persons who are out of work.

Those who fail to recognize the seriousness of the situation tell us there is only a small percentage of our working force without jobs; that most of those who are unemployed are receiving unemployment insurance; that spring is just around the corner; and that, after all, this is just a seasonal problem.

Even if all these statements were true, they do not help the individual family facing destitution. It does not comfort the breadwinner to know that it is seasonal rather than technological unemployment that he is suffering; nor is he comforted by knowing that he is one out of a mere 5.5 per cent of the working force unemployed—or whatever the current figure may be—rather than one out of a much larger group.

It is true that unemployment insurance, with the many improvements that have been made in its provisions in recent years, tides many families over periods of unemployment. But not all Canadian workers are covered by insurance or by other safeguards against want.

What we need is a program to ensure that all persons in necessitous circumstances, including the employable unemployed who for one reason or another are not receiving insurance benefits, will have a minimum of social protection for themselves and their families. The Canadian Welfare Council outlined such a program in its report, "Public Assistance and the Unemployed", which was presented to the Federal Government and to all Provincial Governments last March.

Canada cannot afford the social costs of having even one family in want, and our general economic position is such that it is hard to understand why we allow citizens to go without help.

Brotherhood Week will be observed from February 21 to 28. Suggestions for its observance may be obtained from the Canadian Council of Christians and Jews, 221 Victoria Street, Toronto or 111 — 8th Avenue East, Calgary.

FROM THE EDITORIAL DESK

In December we printed an article entitled "The Problem of the Aged", by Dr. C. T. Andrews. This time we are printing one on "Co-ordinated Home Care for the Aged", by Dr. T. N. Rudd, who visited Canada with Dr. Andrews last spring. Dr. Rudd is a consultant geriatrician in North Devon, England. In his article he describes the practical way in which the British, characteristically, go about solving a social problem—from chiropony to counselling. • • •

Another article from Britain in this issue is "Social Welfare and Legislation in Britain", by W. A. Robson, which comes to us through the courtesy of the United Kingdom Information Office. The author has been professor of Public Administration in the University of London since 1947 (London School of Economics and Political Science). He has had a distinguished career in teaching, public service and writing, and many Canadians have studied his books, among which are *The Relation of Wealth to Welfare* (1924), *The Development of Local Government* (1931), and *Population and the People* (1945).

We are tempted to list the offices Professor Robson has held in both university and government services, which give his writing so much authority both on the theoretical and the practical sides, but the temptation is greater to use our space to urge you to read the article. To us, and we hope to you, it is thrilling (and we use the word carefully) to read something that recalls the patient, courageous work of the men and women who built social services to mitigate the effects of "the dark Satanic mills" on "England's green and pleasant land".

The story of our own social services will be thrilling when it is written. What a challenging task for some one—some one who can get the facts and figures straight but make them speak of flesh-and-blood people! • • •

Elmer K. Nelson, the author of the article "The Meeting of Law and Social Welfare in the Correctional Field" is Assistant Professor of Criminology at the University of British Columbia. That his article is timely is shown by the notes on the doings of the Delinquency and Crime division in "What the Council is Doing" in this issue. Professor Nelson also contributed an article, "A Modern Approach to Correctional Treatment", to the September number, which was devoted to "The Treatment of the Criminal in Canada".

The term "inter-disciplinary approach" is rather a mouthful, but we might as well get used to it. Teamwork among different professions is used more and more in social welfare, and both in Professor Nelson's article and Mrs. Richardson's article ("Hospital Social Services in the Department of Veterans Affairs"), we learn how and why. • • •

We welcome four new members to our Editorial Board this month. Mrs. Ian Burnett has been giving a half-day's work every week in the editorial office, helping most efficiently with the book review section of the magazine. Mrs. Flora Hurst is also an old friend: she is supervisor of the welfare services sections of the research division in the Department of National Health and Welfare, and we call on her often for information and advice. John Porter is a lecturer in

sociology at Carleton College. Mrs. Margaret Howes is CBC Talks and Public Affairs Producer in Montreal. In the next issue we hope to announce some more appointments to the Board.

We very much regret Mrs. Robert McQueen's decision to resign from the Board. Her present work at Queen's University makes it difficult for her to attend meetings in Ottawa, and this is a great loss. From her former position as executive director of the Welfare Council of Greater Winnipeg she gave this magazine, for a number of years, the benefit of her broad view of Canadian social welfare.

• • •

"My son, blemish not thy good deeds, neither use uncomfortable words when thou givest anything. Shall not the dew assuage the heat? So is a word better than a gift. Lo, is not a word better than a gift? But both are with a gracious man."

This might be the introductory quotation for *Financial Assistance: Philosophy, Principles and Practices in the Giving of Financial Assistance*, a recent publication of the Canadian Welfare Council. (A free copy to any reader who can identify the quotation.)

Giving money to relieve distress is a service that must be performed with more than ordinary delicacy and skill, not to blemish our good deeds nor use uncomfortable words when we give anything. We can wholeheartedly recommend the new pamphlet as a guide to social agencies in giving as befits "a gracious man".

Another new publication, a little folder entitled "A Policy Statement on Residence Requirements for Unmarried Mothers", is useful out of

all proportion to its size. See "What the Council is Doing" and also the back cover for more information about it.

Still another new production is *The Rôle of the Board of Directors in the Social Agency of To-day*. This one should reassure and encourage people who are afraid that the growth of professional social work may have deprived the volunteer of his opportunities for direct and rewarding participation in social service. Board members, or potential board members, are very important people, according to this pamphlet—but read it, everybody.

• • •

A member of our Editorial Board heard this at a board meeting of a social agency: "The question is, what constellation of community services focused upon this problem. . . ." This is his comment:

"What constellation . . ."

Oh! damnation!

"Of community services—"

This jargon makes me nervous as Hell—"can best focused—"

Ere the years that the locust
Has eaten

Come upon us, and we are
beaten—

"Upon this, that, or the other
matter

Of which we social workers love
to chatter?"

Professionals do love 75-cent words, but our public doesn't, and is beginning to wonder whether social workers, "educationists", sociologists, and some others, know what they are talking about. A bad state of affairs when we can't say what we have to say in plain, simple English. We must have technical terms, but we must use them accurately and sparingly if we really want to communicate.

Using learned-sounding phrases is not our only verbal sin. We too easily use rubber-stamp words, clichés, patter that runs off the minds of the hearers as rain off a roof. On page 24, we present a little piece in which some of our clichés, especially metaphorical ones, are given a literal twist.

That we can laugh at our own shopworn phrases is a good sign. The next stage is to improve our expression. The effort might make us self-conscious and stem the fine free flow of our verbiage for a bit. We can't think this would be any great disaster. Pithier, briefer writing and speaking would be worth almost any amount of trouble.

Jane Austen didn't waste any words when she described Mrs. Bennett as "a woman of mean understanding, little information and uncertain temper". We hate to think how a modern psychologist would describe Mrs. Bennett. M. M. K.

A number of letters have come lately from both Britain and the United States requesting copies of *CANADIAN WELFARE*. Among them is one from Margery Fry (see page 30), who is well known to Canadian workers in the corrections field. She is the author of *Arms of the Law*, published by Victor Gollancz in 1951. The book she refers to in her letter is *Child Care and the Growth of Love*, mentioned in our "Brief Notices" column.

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SOCIAL WELFARE AND LEGISLATION IN BRITAIN

By WILLIAM A. ROBSON

THE social legislation which exists in Britain today can best be understood if it is seen as an essential part of the welfare state. The welfare state is not yet a complete structure, but the foundations have been laid and the main walls are erected. We can already see the general design of the building.

It is clear that the welfare state involves a radical transformation of society, not only as regards the scope and nature of government action, but also in respect of the basic assumptions concerning human motives and human welfare. Indeed, the very purposes of our civilization are ultimately involved.

During most of the 19th century the accepted rôle of the state was to see that the rules of the game were observed while private interests fought for ascendancy. The domestic task of the government was limited to providing a minimum framework of civilized life, such as courts of law, police forces and prisons; currency, weights and measures, highways and a few other necessities. In case of an occasional emergency, such as war, pestilence, famine, flood or economic crisis, the state would intervene in a more positive way, but this was rare.

The Poor Law, dating from 1601, was for long the only sign that the community acknowledged a duty to save its destitute members from starving to death. The Poor Law was originally intended to deal with the victims of misfortune. By the mid-19th century it had come to be regarded as a dustbin into which human debris could be thrown. The more deserving poor — those who had not

been demoralized by destitution, drink or disease — were frequently helped by philanthropy, by charitable almshouses provided for the aged and the indigent, and by voluntary hospitals for the sick.

Early Steps

The lives of most people of all classes were seldom affected by governmental action, and then only slightly, during the greater part of the 19th century. The only exception to this, before 1850, was the legislation to protect the lives and health of workpeople in mines and factories, which began seriously in 1833 when the first factory inspectors were appointed. This state of affairs was believed by some influential thinkers to be the correct basis of society.

Herbert Spencer, in *Social Statistics* (published in 1850) wrote: "Even could state agency compass for our towns the most perfect salubrity, it would in the end be better to remain as we are rather than to obtain such a benefit by such means." He declared that the levying of taxes for such a purpose was an act of aggression on the part of the state.

In spite of this view, the state was compelled to enter the field of public health in 1848, and its health functions were greatly widened by the Public Health Act, 1875. Elementary education became a public service in 1870; and housing regulation in the 1890's. Railways were regulated in the general interest from 1854, and in the last quarter of the 19th century municipalities engaged to an increasing extent in public utility undertakings — an activity denounced by its

opponents as "gas and water socialism".

But all these "encroachments" seemed to be isolated incidents which only attempted to deal with particular needs as they arose without challenging the prevailing philosophy of *laissez faire*.

Nevertheless, the gradual rise of one social service after another, and the growth of collectivism in the municipal ownership and operation of gas, electricity, water, and tramway undertakings in many of the larger towns, were powerful influences in undermining the current beliefs of Victorian England.

Another and more potent influence was the changed attitude towards poverty. This change is vividly described by Beatrice Webb (she and her husband became the most celebrated social reformers in Britain) in her autobiography *My Apprenticeship*. She shows how poverty, which for centuries had been the principal object of charity, became in the 1880's and 90's a subject of scientific investigation and intellectual inquiry.

"Why," she asks, "did I select the chronic destitution of whole sections of the people, whether illustrated by overcrowded homes, by the demoralized casual labour at the docks, or by the low wages, long hours and insanitary conditions of the sweated industries, as the first subject for enquiry."

"Unlike my sister Kate, who had toiled for 6 years as a volunteer rent-collector, I was not led into the homes of the poor by the spirit of charity. I had never been moved by the 'hard cases' which, I thought, made bad law. What impelled me to concentrate on the condition of the people as an immediate question for investigation was the state of mind

in the most vital centres of business enterprise, of political agitation and of academic reasoning.

"There were, in fact, in the 80's and 90's two controversies raging in periodicals and books and giving rise to perpetual arguments within my own circle of relations and acquaintances: on the one hand, the meaning of the poverty of masses of men; and on the other, the practicability and desirability of political and industrial democracy as a set-off to, perhaps as a means of redressing, the grievances of the majority of the people.

"Was the poverty of the many a necessary condition of the wealth of the nation and of its progress in civilization? And if the bulk of the people were to remain poor and uneducated, was it desirable, was it even safe, to entrust them with the weapon of trade unionism, and through the ballot box, making and controlling the government of Great Britain?"

A Turning Point

Behind such thoughts as these lay the awakening of a new social conscience. Mrs. Webb was not alone in questioning accepted values and customary facts. She noted a new moral ferment at work in the shape of a sense of collective sin among the intellectual leaders of society.

Such men as Dickens, Carlyle, Ruskin and William Morris among the writers; John Stuart Mill, Alfred Russel Wallace and Henry George among the economists or scholars; Charles Kingsley, F. D. Maurice, Cardinal Manning and General Booth, the founder of the Salvation Army, among the clerics: these and others voiced their protest at the moral and material state of society.

The consciousness of sin was not a sense of individual wrongdoing, but

a feeling of collective guilt and disquiet that the industrial organizations which had produced wealth on an unprecedented scale had failed to provide a decent livelihood for a majority of the citizens.

Almsgiving and philanthropy, which had hitherto loomed so large as methods of ameliorating the hardships, misfortunes and injustices of life, no longer appeared to be either relevant or adequate to cope with the immense evils which social investigators were beginning to reveal.

A turning point came with the great pioneer inquiry into "The Life and Labour of the People of London", conducted by Charles Booth, a wealthy shipowner and business man with a talent for social research. It was begun in 1886 and eventually published in no less than 17 volumes in 1903. Nothing like this had previously been attempted anywhere.

It showed that 30 per cent of the inhabitants of the largest and richest city in the world lived at or below the level of bare subsistence. A million men, women and children were shown to be living in London under conditions which were disastrous both to them and to the nation, alike in body and mind. The terrible social evils revealed by the report included immensely high death rates and infant mortality rates resulting from poverty; the prevalence of disease; children infested with vermin and suffering from malnutrition; appalling housing conditions; widespread drunkenness and immorality.

These disclosures, coming at a time of exceptional economic prosperity, inflicted a severe shock on the governing class which then ruled Britain. They paved the way for a political assault on the problem of

poverty conducted on a national scale over a wide front.

The first wave of practical reforms which the Booth report influenced were those introduced by the Liberal Government between 1906 and 1914. The Old Age Pensions Act, 1909, provided a small non-contributory pension to all persons over the age of 70 years who satisfied certain conditions of nationality, good character and means. This scheme was greatly enlarged and extended in subsequent decades.

In 1909 the Trade Boards Act established the first minimum wage legislation. Trade boards, consisting of representatives of employers and workpeople, with a few independent persons, were appointed in four sweated industries to fix minimum wages. This was extended by a similar Act in 1918 to other industries lacking strong trade unions.

In 1924, agricultural wages were regulated by legislation creating agricultural wages committees on the same principle in every county. The trade boards have now been replaced by wages councils, which fix minimum wages in many industries that are not sweated or even depressed.

In 1911, Mr. Lloyd George introduced the first social insurance Bill into Parliament. The National Insurance Act, 1911, provided for a limited amount of unemployment insurance in a few industries specially liable to seasonal fluctuations, like building; together with health insurance for all employed workers earning less than a specified rate of remuneration. From this grain of mustard seed there has sprung up a mighty forest of legislation covering all the common contingencies of life.

Equality of Treatment

The Beveridge Report on Social Insurance (1942) made proposals for enlarging the scope of the several social insurance schemes which had grown up sporadically during the previous 30 years, for welding them together in a comprehensive system under unified administration, and for raising the levels of benefits. This was effected in 1946 by legislation which was in several respects more generous than the Beveridge proposals.

Britain's scheme today provides compulsory insurance for every man, woman and child over school-leaving age, whether employed, self-employed or non-employed (except those over pension age when the scheme started).

It affords sickness and unemployment benefit, widows' pensions, retirement pensions for old persons, allowances for orphans, maternity benefits, injury and disablement benefits for persons injured by industrial accidents or disease, and death benefit to help towards funeral expenses.

All these benefits consist of cash payments paid as a legal right without regard to means; and those who receive them are entitled to additional sums if they have dependants. An important feature of the system is that although it differentiates as regards the scale both of contributions and of benefits between persons of different sex and ages, it makes no distinction in regard to incomes. The principle of equality has been observed as between the rich and the poor.

Secondly, the scheme is financed on a tripartite basis, by insured contributors, employers, and the State. The social insurance scheme is flanked on the one hand by National Assistance, administered by the National Assistance Board on a discretionary basis

according to need; and on the other hand by family allowances for children (after the first), both paid for out of taxation.

Housing

The outbreak of World War I put an end to the Liberal Government's program of reform. Their work formed the first big step towards the welfare state. When the soldiers came back from the war in 1918, there was an irresistible demand for "Homes fit for heroes to live in", to use Lloyd George's phrase, and this led to the State embarking on a vast house-building program which continued throughout the inter-war period.

Between 1919 and 1939 about 4 million new houses were built in Britain, of which more than 1,100,000 were built by public authorities with public money. The method used from the beginning has been for the elected local authorities to plan, own, and let the municipal houses, while the central government contributes to their cost, approves the schemes, and lays down general housing standards. The houses are usually built by private firms, but sometimes by local authorities employing their own labour.

During the past 30 years, the provision of houses has become a social service of ever-increasing importance and popularity. During World War II few houses were built and many were destroyed or damaged by enemy action. Since 1945, the demand for housing has been enormous, and until 1951, four-fifths of all the houses built were ordered by local authorities.

Wise Planning

One cannot discuss housing without also considering town planning. The first rudimentary town planning legislation was passed in 1909. In

1925, planning control was extended from the undeveloped portions of towns to include the built-up parts; and in 1932, the countryside was brought under potential control. But despite much legislation, no effective planning took place prior to 1939, although much valuable discussion took place about the principles of planning among small groups of deeply interested thinkers, social reformers, architects, officials and humanists.

The war had a profound effect on the public's attitude towards planning. The destruction of towns by enemy air attack was supported by the thought of rebuilding them on more beautiful, more convenient, and healthier lines at some future date. The vision of the future helped people to bear the ordeal of the present, as they crouched in their air raid shelters, took refuge in underground railways, or contemplated their shattered homes.

By 1945, town and country planning had risen to the status of a major social service. Very comprehensive legislation was passed in 1946 and 1947 which has changed the whole situation. Practically every form of development now requires planning permission from the county council or the county borough council; and every such council has had to submit to the Ministry of Housing and Local Government (by 1952) a development plan, based on a survey, of their area. This plan deals with industry, commerce, recreation, amenities, highways, schools, and every other type of development. When approved it forms a blue-print for the future. It is now recognised, however, that planning must be a continuous process, and not something to be done once and for all.

February 1, 1954

It is not possible to summarize the aims of the planning movement in a few words. It represents an attempt to balance the claims on land use of agriculture, industry, commerce, housing, amenities, highways, air-fields, shopping districts, and many other competing demands, in order to achieve the fullest life in the healthiest environment for men, women, and children, whether they live in cities, in towns, or in the country.

Town and country planning, as it has evolved in Britain, is an expression of humanism, and a repudiation of the sordid materialism of the 19th century, which resulted in some of the ugliest industrial towns ever created by man.

One of the most interesting and ambitious features of the planning program is the building of new towns on garden city lines. The idea is to create a balanced community (of between 30-80,000 population) living in a town which has been planned from the beginning on the best principles of civic design. These towns are not mere dormitories, but places where men and women can work, live and enjoy themselves, and where they can bring up a family in healthy conditions, with easy access to the countryside.

Fourteen of these new towns are at present under construction. Eight of them are within the metropolitan region and are intended to take people and industry from the congested areas of inner London. They are usually based on a small existing town or village, with its own communal tradition, but some are being built on entirely new sites. They represent perhaps the boldest experiment in large-scale planning to be found in any country.

Education

Great advances have recently been made in the sphere of education. Until 1944, primary education was free and universal. Secondary education was not free; and because it was not free, it was far from universal, since many parents were unable to afford the fees charged by secondary schools. Only a proportion of places in such schools were offered free to boys or girls who secured scholarships, or "free places" as they were called.

In 1944 the position was changed by a law which requires local educational authorities to provide secondary education for all children free of charge. In 1947 the compulsory age for school attendance was raised from 14 to 15.

There are usually three kinds of secondary schools within the municipal system of education: the grammar schools, leading to the academic and professional careers demanding higher education; secondary technical schools; and secondary modern schools for children who are less gifted from an intellectual standpoint.

A great expansion has also taken place in higher education. The universities have increased their output of graduates by some two-thirds compared with 1939; and most university students are now in receipt of substantial financial aid from the state or a local educational authority. At the universities of Oxford and Cambridge, four out of five students are so aided; elsewhere the proportion is slightly lower. The financial aid covers both fees and living expenses, though the amount payable depends on the parents' means.

Health

The most spectacular of all the social services provided in Britain

today is the National Health Service. Before this was introduced in 1948 there had been a general practitioner service and drugs available for weekly wage-earners insured under the National Health Insurance scheme, but they were not entitled to hospital or specialist treatment under the scheme, and their dependants were entirely outside it. There were also special medical services for patients suffering from infectious diseases, from tuberculosis, or from venereal disease, and for the poor.

But the National Health Service makes all these earlier attempts to deal with the problem of health appear trivial by comparison. The new service has transformed the task of diagnosing, treating, and preventing disease from a private transaction into a public service. It covers the entire population and provides (or will provide as soon as possible) every form of medical skill, treatment, drugs and appliances.

The first line of defence against sickness is occupied by the general practitioner, or the family doctor, as he is called. The citizen can choose his own doctor, and if the latter is willing to accept him, he then registers with that doctor. The doctor can order the patient whatever medicines or appliances he considers necessary.

Behind the family doctor stands the hospital service, consisting, in England and Wales, of nearly 2,700 hospitals taken over by the Minister of Health. They provide in-patient and out-patient services, consultant and specialist treatment of all kinds. They are planned and organised by 14 Regional Hospital Boards and administered by about 380 hospital management committees. The 36 teaching hospitals are left outside the

control of the boards in order to give them the fullest measure of autonomy.

Dental services are also provided under the Health Service; and so, too, are ophthalmic services, including sight-testing and the provision of spectacles.

When the National Health Service was first introduced in 1948 the demands made on it by persons needing medical treatment, surgical operations, spectacles, dentures, and so forth were almost overwhelming. The demands were, indeed, a measure of the need for such a service by persons unable to pay for medical treatment.

The position is now settling down and the principal remaining difficulty is the shortage of dentists, which makes it impossible at present to provide everyone with proper dental service, no matter how it is organized. The maldistribution of doctors, which always exists under conditions of private practice, is gradually being corrected, and practitioners are already more equally distributed throughout the country.

There can be little doubt that the transformation of the medical profession into a public service is an event of profound importance which will have a far-reaching influence in many countries. Any patient and any doctor who prefers to remain outside the service is free to do so; but the number who do so choose is trifling and will probably almost disappear in the course of time.

The cost of the service is defrayed almost entirely by taxation, and is provided free to the patient except for small charges recently introduced for medicine, dental treatment and one or two other items.

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Cultural Services, Too

There are many other social services in Britain, but space forbids a description of them. Mention must be made, however, of the cultural services which have been inaugurated or sponsored by public authorities. The great national or municipal art collections and museums call for no comment here, because similar institutions are found in many countries.

The system of public libraries administered by local authorities is a regular part of municipal life and has achieved a remarkable standard of excellence.

More novel are the activities of the Arts Council, an independent public authority supported by a Treasury grant, in fostering music, painting, sculpture, and drama. There are about 80 repertory theatre companies providing public performances in Britain at the present time, many of them achieving a high level of acting and production, and most of them are receiving moral and material support from local authorities and the Arts Council.

Local authorities were authorised in 1948 to provide entertainments of all kinds, and they have responded to this opportunity with some enthusiasm. Concerts, lectures, pageants, carnivals, festivals, dances, open air ballet, games and sports of all kinds, are now regular features of municipal activity; and as a result life in England is gayer and richer for the mass of the people, despite the difficult economic problems which confront the nation.

Aims and Purposes

The aims and purposes of the social services are by no means easy to define. Sometimes they are complex and obscure. But we can clearly discern the following:

First, the care and maintenance of those needing support, either in cash or in kind.

Second, the salvage and rehabilitation of the injured, the handicapped, or the derelict. (One has in mind here the welfare of the blind, the retraining of injured workers, or the unemployed, and the action taken to secure the employment of disabled persons.)

Third, there are the services which we can regard as a social investment in the young. They comprise family allowances; education or training of all kinds; and the school meals service, which gives about half the school children a mid-day dinner for a few pence, and almost all a free glass of milk during the morning.

Fourth, the prevention and cure of sickness, which is now being replaced by the more positive concept of securing health in body and mind for the whole nation.

Fifth, the promotion of culture and amenities.

Sixth, the provision of moral guidance through the youth service, the probation officers attached to all criminal courts, the moral welfare services for delinquent children and young people, the birth control clinics at which married persons can get help and advice.

Lastly, the provision of a minimum standard of living for the whole nation below which no one is permitted to sink.

If we consider these diverse and far-reaching aims and purposes embodied in the social services, it is clear that the state has become the chief organ on which our civilization depends. The broad object of the social services is now scarcely less than the improvement of the condi-

tions of life of the individuals who comprise society.

Citizens and the "Welfare State"

The social services form only one part of the welfare state, though a highly important part. The economic aspects are equally important, but we are not concerned with them in this article. A survey of the economic aspects would take us into the sphere of nationalised industry, of state action to ensure full employment, of central economic planning, of taxation and monetary policy, of agriculture, of the regulation of capital investment in the national interest, of restriction on the ownership and control of property.

The welfare state, in both its economic and its social aspects, requires a new spirit of citizenship, and new moral and legal duties on the part of its members if it is to succeed.

The fear of starvation and the hope of great personal wealth are no longer the driving forces which compel or induce men to work. We rely rather on the desire of human beings to co-operate, the sense of solidarity, public spirit, the urge for self-expression, as the springs of action.

For this reason the state cannot, when it enters into many intimate relations with men and women, regard them merely as individuals. For though we may pride ourselves that in Western civilisation the state exists for the individual rather than the individual for the state, yet the state is concerned with individuals as citizens. Without good citizens the state itself cannot be good. Hence, in administering the social services our ultimate aim is and must always be, to raise the sense of community, at the local, national or even international level.

ACROSS CANADA

PARLIAMENT HILL

The major piece of welfare legislation with which parliament will deal at this session is the bill to provide for allowances (the cost of which would be shared by the federal and provincial governments) to be paid to the totally disabled.

Two province, Ontario and Alberta, already have disabled persons' allowances acts, and a third, Newfoundland, has an act, which, while not precisely the same, does cover somewhat the same group. In all cases there is a means test.

At the time this is written, the details of the federal government's proposal have not officially been made public; these still have to be gone over with provincial officials at the conference beginning on January 25.

By the start of the second week in January, however, the federal Department of Health and Welfare had received replies from the provinces suggesting that all would be represented, and there was nothing to indicate that any was predisposed to reject the scheme.

Even were some of the provinces to find objection to sharing in a \$40-a-month allowance, with a means test similar to that in effect under the old-age assistance act, the federal legislation would proceed. The situation would be the same as when the original old age pension act was introduced in 1927.

The federal measure will be an enabling act, and each province will be required to pass its own legislation and then to sign an agreement with the federal government. Those which felt themselves unable to enter the arrangement, or for other reason decided to stay out, could do so.

It will be remembered that when old age pensions were first introduced (\$20-a-month shared equally by the federal government and the provinces), the provinces entered over a 10-year period. British Columbia was the first, in 1927, and Quebec the last, in 1936.

It is only to be assumed that the two provinces which now pay allowances to their totally disabled will be more than happy to accept the scheme, because it means that half the cost of the allowances will be lifted from them. Newfoundland, although its present allowances are below \$40 a month and will have to be raised, probably can do so at no great additional cost, if any, when the federal government is paying half.

It is estimated that there are between 20,000 and 25,000 totally disabled persons in Canada, and, at the rate of \$40 a month, the allowances would cost about \$10,000,000 a year. The federal plan is reported to be that the provinces share with it 50-50, as in the case of old age assistance, rather than 75 per cent federal, 25

per cent provincial, as in the case of the blind persons' allowances.

Similarly the limits of allowable income will be the same as for old age assistance rather than for the allowances to the blind. This would be the same as under Ontario's disabled persons allowances act — \$720 for the single person, and \$1,200 aggregate for the married couple. • • •

During December representations were made by the Canadian National Institute for the Blind and the Canadian Council of the Blind for the removal of the means test which is applied to blind persons' allowances.

These limits of allowable income are \$840 for the single person, \$1,040 for the single person with dependants, \$1,320 for the married couple one of whom is blind, and \$1,440 for the blind couple.

The brief which was presented observed that under the income tax act, the sighted single man is not taxed on the first \$1,000 of his earnings, and the sighted married man on the first \$2,000. The implication was that, if the means test were not to be

removed entirely, as requested, at least the allowable income limits should be raised to the level of the income tax exemptions.

In all there are some 19,000 blind persons in Canada, of whom 1,150 are under 21 and thus not eligible for allowances, and 6,100 over 70 and thus receive instead the \$40-a-month old age security payment. Of the remainder, 8,230 get some allowance, and of these 7,000 to 7,500 get full allowances.

From this it is evident that removal of the means test would not involve a great financial outlay. Neither would the cost be great if the proposed allowances for the totally disabled were made free of a means test.

However, what makes it highly doubtful that these things will be done at this time is that the government feels the removal of the means test from other pensions and allowances, such as veterans' pensions and old age assistance, would have to follow in short order. And that would involve major sums.

GENERAL NEWS

Health Grants and Social Work

During the five years ended March 31, 1953, the professional training grants under the federal health grant program provided training for 90 psychiatric social workers, 33 medical social workers and 35 general social workers, a total of 158. The grants also provided training for 137 psychologists, 37 occupational or physical therapists and 31 nutritionists.

At the end of the five-year period, 73 full-time and two part-time psychiatric social workers and 155 full-time and 30 part-time social workers

were employed through the health grants. In addition 24 full-time and two part-time rehabilitation officers and four full-time and one part-time recreational directors were employed.

Round Table on 1951 Census the Social Implications of the 1951 Census was held by the School of Social Work, University of Toronto, and the Department of University Extension, November 20 to 22, 1953. The Dominion Bureau of Statistics co-operated with the University by preparing data for discussion. About fifty people representing industry,

business, labour, the civil service, the welfare services and the Universities attended the sessions. The proceedings will be published in full.

Social Work Education At the meetings of the National Committee of the Canadian Schools of Social Work held late in 1953, Professor Charles E. Hendry, director of the Toronto School of Social Work, was elected Chairman of the Committee. During the meetings, held in Ottawa, plans were completed for a nation-wide study of social work education in Canada.

Welfare in Civil Defence A basic civil defence welfare course was held in Toronto November 24 to 27 by the Department of National Health and Welfare. Representatives from various national organizations attended, among them Mrs. W. K. Newcomb and Mr. Henry Stubbins of the Community Chests and Councils Division of the Canadian Welfare Council.

The lectures stressed that 75 per cent of civil defence is welfare. Those who are only slightly injured or unharmed must be fed, clothed, sheltered and made self-dependent as quickly as possible so that they may get back to their jobs and keep production going. Although civil defence planning is done at the federal level or the provincial level, when the time comes for action the problem is local, and civil defence training might well become a part of general citizenship training, not only as a defence in wartime but as an aid when other disasters strike.

Co-ordination of Rehabilitation Co-ordination of Rehabilitation Agreements between federal and provincial governments have been signed by Saskatchewan

(August 1953), New Brunswick (October 1953), Manitoba (October 1953), Newfoundland (December 1953) and Alberta (January 1954).

Vocational Training More than \$18,000,000 worth of new vocational training facilities in the form of new buildings, and additions to buildings and training equipment has been brought into being under the federal-provincial vocational training program since April 1945. The whole matter of federal-provincial co-operation towards the expansion of vocational training has been under review, with particular attention being paid to the expansion of opportunities for training the physically handicapped, within the needs of the rehabilitation program being developed between federal and provincial authorities, and of the expansion of apprenticeship training for Canada's expanding industry.

Churches and Social Work The Welfare Council of Greater Winnipeg has a Church Social Work Planning Committee. It was set up when the Winnipeg Council of Churches requested that a committee be set up by the Welfare Council to discuss the relation of the churches and their clergy to the welfare work being done in Winnipeg.

It was suggested that ministers not in the Winnipeg Council of Churches might also be interested. They were, and now priests, rabbis, protestant ministers and social workers are on the planning committee. The University Extension and Adult Education Department expressed interest also, and they are also active on the committee.

The first venture in helping these groups to work together in social welfare was a one-day institute held

in January. The problem they have to deal with is that social agencies and religious organizations are often working with the same individuals or families. This is confusing to the client or parishioner because the minister may see one set of causes and solutions and the social worker another. It is expected that joint discussions will make the work of both more helpful to the people they serve.

Children's Clinic in Quebec *Le Centre Médico-social pour Enfants* has been operating in Quebec City and the district since January 1952. This child guidance clinic was founded to help difficult children and their parents, and boys and girls from two to eighteen years of age are eligible for its services, which are free.

There are three departments, medical, social and psychological. Therapeutic interviews are held with father or mother and child; and social therapy, school or vocational guidance, psychotherapy and play therapy all enter into the treatment given. Diagnoses are established in case conferences which include all clinical staff, and the conclusions drawn at these conferences are interpreted by the medical director to the people concerned.

There is a staff of twelve, including psychiatrists, social workers, psychologists and a mental health nurse. The Centre occupies a 4,000-square-foot floor divided into 21 rooms. All services are planned and operated in such a way that children and parents have to make a minimum number of steps in and to the Centre. The executive secretary is Mr. Jean-Blaise Tessier, a social worker.

Christmas in Alberta

In 1953 Christmas was made brighter in Alberta by two arrangements of the Department of Public Welfare. Many children who would otherwise have spent Christmas in institutions were entertained in the homes of Albertans who offered hospitality to boys and girls living in institutions, and who in many cases had the children come a week or so before Christmas to make them feel at home and enjoy the family preparations. Elderly unemployed single men residing in the DPW homes in Edmonton, Calgary and Gunn were given small money grants to enable them to buy Christmas presents for their friends.

BC Social Welfare Branch

In British Columbia a new dental program has been started for children in families receiving social assistance. At present the services are for children under nine and the object is prevention. The Dental Association of the province has co-operated with the health and welfare branches of the provincial Department of Health and Welfare in this work.

A job assessment has recently been made by each supervisor of the BC Social Welfare Branch in the province. The working conditions (travelling and geographical) of the staffs, resources or lack of them, content of the case load with its special problems, clerical staff and office equipment, were all described. The analysis is to be used by the general administration for future planning of program and staff requirements.

In January a four-day supervisors' institute was held, and Miss Marjorie Smith, director of the UBC School of Social Work conducted a two-day institute on supervision.

February 1, 1954

HOSPITAL SOCIAL SERVICES IN THE DEPARTMENT OF VETERANS AFFAIRS

By ELIZABETH RICHARDSON

THE Department of Veterans Affairs administers a chain of hospitals and institutions across Canada for the treatment and care of veterans who qualify under the regulations for such treatment. The Director General of Treatment Services is responsible to the Deputy Minister for the administration of these hospitals and for the quality of treatment provided in them.

The hospitals have a considerable degree of autonomy within the framework of the regulations, under the administrative leadership of the Senior Treatment Medical Officer of each district, and the professional leadership of Chiefs of Services.

Our veterans hospitals provide medical, surgical and psychiatric treatment to eligible veterans and also to groups of patients sponsored by other government departments, such as National Defence Personnel, RCMP and others for whose medical care the federal government has accepted responsibility. On arrangement with some national or-

ganizations and provincial governments, treatment is also provided for certain categories of patients for whom similar treatment is not otherwise available.

Our hospitals vary in size from large general treatment centres of approximately 1,600 beds, with large out-patient departments, to small specialized hospitals and institutions of about 20 beds or less.

How Professions Work Together

The approach to treatment is interdisciplinary and each of the professional groups which contribute to this treatment—the various medical specialties and allied professions—has its Adviser who is responsible to the Director General for recommendations regarding standards of practice, numbers and qualifications of personnel, and advice on all matters pertaining to his particular specialty.

The Adviser is also responsible for providing leadership to the members of his professional group operating in the various hospitals and institu-

Mrs. Richardson is a graduate of the University of Toronto, and also has had two years post-graduate training at the Toronto School of Social Work. Her experience in the field has been varied but throughout she has been particularly interested in medical and psychiatric social work. She spent a year as interne in psychiatric work and then became head of the social work department at the Ontario Hospital, Whitby. Later she spent four years as executive secretary of the Galt Family Service Bureau and for one year of this she also acted as civic relief administrator on a demonstration basis to see whether relief recipients with physical handicaps could be sufficiently rehabilitated to prevent the necessity of public assistance. In 1944 she became director of social service at the Royal Alexandra Hospital, Edmonton. "This", she says, "was also pioneer work, as this was the first hospital department staffed by trained social workers in the Prairie Provinces." In 1947 she went to the Department of Veterans Affairs to direct medical and psychiatric social work in the veterans' hospitals.

tions. These Advisers provide as well a consultative service to Senior Treatment Medical Officers and Chiefs of Services in the individual hospitals, and form a professional Advisory Committee for the Director-General and his medical administrative staff.

The Social Worker in the Program

Social service, as part of the interdisciplinary approach to treatment, was planned in 1945, but it was not until January 1947 that the plan was implemented with the appointment of an Adviser and of a few medical and psychiatric social workers scattered in key positions throughout the chain of hospitals.

Social service in hospitals is comparatively new in Canada, developing slowly over the last fifty years as doctors in the large urban hospitals realized the necessity of knowing more about the background of the patient, and the stresses and strains under which he lived and to which he would return.

If the person, not only the disease is to be treated, there must be understanding of his way of life and some way of modifying the background and the patient's reaction to it, if it leads to ill health or makes it difficult for the patient to remain well after discharge from hospital. In some cases there must be follow-up to ensure the lasting benefit of treatment.

As in the hospital social work field generally, growth in DVA has been slow because of the serious scarcity of adequately qualified personnel and the need to demonstrate to hospital administrators and medical staff the value of the service provided.

Just as the term "medical staff" includes all specialties of medicine, so the term "medical social worker", as used in this Department, includes all social workers who work in close

collaboration with the medical staff, whether the specialization is in medicine, surgery or psychiatry or any other branch of medicine.

All social workers are administratively and professionally responsible to the Head of the Medical Social Service Department of the hospital whether they are allocated to medical, surgical or psychiatric services, and in order to increase their understanding and skill in dealing with people who are ill, we try to give each staff member opportunity at some time or other to work in different departments of the hospital rather than remaining indefinitely with one diagnostic group.

In such a variety of settings, with a wide variety of diagnostic groups, it is difficult to define in detail the job of the medical social workers in DVA. The job must be dependent on the number of staff and the other services available. In any team each member must be aware of his own area of competence and understand and respect the competence of others, but there must be flexibility so that the ultimate goal, which in a hospital is the greatest possible rehabilitation of the patient, may be achieved.

Social casework with the patient and his family, based on understanding of the patient, his background and his medical status, is the medical social worker's chief contribution. She shares this understanding with other members of the team, receiving in return an enrichment of her understanding from others dealing with different aspects of the total situation.

Out of her competence in casework, however, come other responsibilities and an opportunity to share in the teaching and research programs of the hospital by contributing her knowledge of the social aspect of illness.

The same team approach as is used with individual patients is used in much of the teaching of various professional groups, and in most of the research projects undertaken in our hospitals. Again the team membership varies with the need, but in many instances the medical social worker has an important part to play.

DVA and Geriatrics

One example of this team approach to both a general problem and to the treatment of the individual is the geriatrics program in our hospitals. Health and welfare agencies across Canada are concerned with the increasing proportion of our population who because of age or infirmity are no longer contributing goods or services to our country's economy. The effect both on our economy and on the individual who is cast aside is serious indeed.

This is a nation-wide problem and our national chain of veterans hospitals provides an excellent ground for study, from medical, social, psychological and economic points of view, of the individual who is aging and of the factors both within the individual and the community which prevent his further usefulness.

Assessment and Rehabilitation Units

Assessment and Rehabilitation Units, usually composed of a physician, a medical social worker, a psychologist and a welfare officer, have been set up in each of our hospitals to assess each veteran applying for domiciliary care and, in some districts, veterans applying for War Veterans Allowances.

What is it in the applicant that has brought him to seek institutional care or financial assistance? Is his problem largely medical, social or economic? What is the relation and

inter-action between these? Have his physical and psychological disabilities caused his rejection by family or friends and by the labour market, or has society's inability to find a useful and satisfying place for him influenced his present physical and psychological status? What forces within the person, his family and the community have led to present dependency? What can be done by medical, psychological and social treatment to fit this individual back into the community? These are the questions that must be answered.

Causes and Prevention

The study and treatment of the individual has the greatest lasting value when carried forward into a study of the general. In seeking the answer to these questions about the individual, our Assessment and Rehabilitation Units are trying to find causes and cures and, consequently, methods of prevention of medical, social, psychological and economic deterioration.

Service to the individual is combined with research, and both aspects are used in teaching the various professional groups allied to medicine. The same approach is used in dealing with various diagnostic groups of patients.

The Patient and His Community

A patient is not just a patient, but he is a part of the community from which he comes, and to which he will return. The medical social worker combines with her casework skills a thoughtful use of community resources, bringing into partnership in planning those people or agencies in the community who can best help the patient in his re-establishment following discharge.

Just as casework with the individual in the hospital leads to other responsibilities in teaching and re-

search, so does cooperative work with the community in planning for services to all citizens.

Most of our patients are veterans as well as citizens, and the medical social worker in DVA also works closely with the Welfare Services of the Department, which administer the various non-medical benefits provided under the Veterans' Charter, and also act as the chief liaison for the Department with National Employment Service, and provide various other valuable services.

The closest association with Welfare Services is naturally with Welfare Officers stationed in the hospitals who deal directly with the patients, but the data available from the Welfare Officers concerning the veterans prior to hospitalization and their co-operation in follow-up is extremely valuable.

Social Workers in DVA Welfare Services

Welfare Services as well as Treatment Services have their own corps of social workers, with the division of responsibility dependent upon whether or not the client is receiving medical care.

You cannot, however, divide people into sick and well, and very close collaboration and sharing of information between the two groups of social workers is essential for maximum benefit.

In many cases the medical social worker can pass on to the Welfare Services social worker the combined thinking and planning of the treatment team to aid in further service to the veteran after discharge. Sometimes the responsibility for the case will be shared, as when joint planning reveals areas where the services of both will be most effective.

The Setting Determines the Emphasis

The social caseworker uses the same skills and techniques whatever the setting, and the purpose behind the skills is the same, an attempt to help the client towards a more useful and satisfying life. The focus of attention varies, however, with the setting and the circumstances which bring the client to the social worker.

In a public assistance agency the client comes primarily for financial help, and the social worker focuses chiefly on those aspects of his life situation which contribute to financial dependency. The social worker attached to a court concentrates largely on the things that bring the individual into conflict with the law. In a hospital, the focus is on social factors related to illness and the need for medical or psychiatric care and ability to make the best use of treatment.

In the hospital setting, the pooling of the knowledge and skills of members of the treatment team results in better understanding of the patient and in greater hope of success in treating him.

The social worker herself gains in clarification and sharpening of her own competence by day-by-day association with members of other professions, who aid in her professional development just as she adds to theirs by her understanding of the social implications of the patient's condition.

As Necessary as Penicillin

At a meeting in January 1947 to discuss the organization and function of social services in veterans hospitals in Canada, a member of the Medical Advisory Committee opened the keynote speech with the following words:

"It is, of course, quite possible to get along without medical social workers. By the same token, we at one time carried on without sulfanilimide and penicillin. Likewise one can go back in history and show that it was once possible to do without hospitals.

"During the past forty years, and particularly most recently, the medical social worker has so clearly demonstrated her value in treatment procedures that there is no alternative but to look upon her as an integral part of any adequately staffed hospital. Without her help, our treatment will be inadequate and much valuable time and effort will come to naught."

Where There's a Will There's a Way

Because of the scarcity of adequately qualified medical social workers, some of our DVA hospitals have had to get along without them, or with too few to meet the need. Over the past six years, however, we have gradually built up our service so that each of our hospitals has at least one medical social worker, with a staff of seven or eight in the larger hospitals. These have so demonstrated

the value of the service that the demand has steadily increased beyond the supply of available personnel.

Simultaneous with the increased demand in veterans hospitals is the growing awareness of the value of social service in other hospitals. In order to help in meeting this demand Treatment Services of the Department of Veterans Affairs have worked out a plan of cooperation with the Schools of Social Work whereby students in the second year of post-graduate training who plan to practise in the medical or psychiatric fields are accepted as graduate internes in our hospitals, with a small living allowance to assist them in completing their training.

Penicillin and sulfanilimide were also in short supply for a considerable time after they were introduced, but once their value was demonstrated ways were found to increase the supply.

We hope that ways of increasing the supply of well trained social workers can be found to meet the demand in our Canadian hospitals, where they are needed to help in the treatment of sick people who, with the aid of various professions, can again lead useful and satisfying lives.

STUDY TOUR ON SOCIAL AND ECONOMIC DEVELOPMENTS

A tour arranged by ASSIST will leave Montreal on July 6 by ship, from New York on July 11 by air, returning in September, to visit England, Norway, Denmark, Sweden, Germany and the Netherlands. The leader will be Dr. Donald S. Howard, Dean of the School of Social Welfare, University of California, Los Angeles. The study will emphasize the elements of Scandinavian welfare programs that differ from, or go beyond, those existing in the United States and Canada. The inclusive cost will be \$799, \$985 and up. For information apply to: Affiliated Schools and Seminars for International Study and Training, 44 West 63rd Street, New York 23.

ABOUT



PEOPLE

The Most Reverend Gerald Berry, a very active member of the Canadian Welfare Council's Board of Governors, was appointed Archbishop of Halifax recently. He has been for several years Bishop of Peterborough.

Mary McPhedran, for 25 years head of the Family Welfare Bureau of Greater Vancouver retired from active service at the end of December. During her period of service the Bureau grew from a one-woman agency to a large organization with 16 full-time caseworkers and eight clerical employees. One of Canada's pioneer workers in the field of family relations, Miss McPhedran earned her diploma from the Social Service Department of the University of Toronto in 1918.

Norman B. Finch, well known to Canadians as director of personnel for Community Chests and Councils of America for many years, died suddenly in St. Louis on November 29. He had resigned from the 3 C's and become director of the St. Louis community chest only last May.

J. A. Kenney, formerly on the staff of the Nova Scotia Department of Public Welfare in Sydney, has been appointed executive director of the Children's Aid Society of Queen's County, Nova Scotia.

In September two appointments were made to the supervisory staff of the Child Welfare Division of the Nova Scotia Department of Public Welfare to fill the vacancies caused by the resignations of Phyllis MacDougall (now Mrs. Lloyd Morash)

and George E. Hart (now executive manager of the Halifax Community Chest).

The new appointees are **Jessy Casey** and **F. R. Langin**. Miss Casey formerly served in the capacity of assistant supervisor at the Cape Breton district office of the DPW and Mr. Langin was a caseworker with the Halifax district office.

Lillian Henderson is now well into the swing of her new duties as information officer for the Community Welfare Council of Ontario, to which post she was appointed on October 19. Miss Henderson was formerly an account executive with Hugh S. Newton and Company, a Toronto firm of public relations counsellors. At the Ontario Council she will handle the public relations program, including the editing of a regular news bulletin and other publications of the Council.

Robert Robinson has been appointed director of education at the Ontario Alcoholism Research Foundation. He was formerly managing editor for the Health League of Canada, and at one time served with the Health Survey Committee of Ontario and wrote the report for this Committee.

William Hooson has been appointed administrator of the City Welfare Office in Victoria, succeeding Mrs. Florence Mutrie who retired on the first of November.

Ophelia Teghtsoonian has joined the staff of the Toronto Welfare Council as assistant secretary of the family and child welfare division.

She was on the staff of the Children's Aid Society (now Children's Service Centre), Montreal, from 1947 to 1951, and from 1951 to October 1953 she was on the staff of the Children's Department, Essex County Council, England.

Grace Reynolds is now supervisor of welfare services for Family Allowances and Old Age Security in St. John's, Newfoundland. She was formerly director of the Moncton Municipal Welfare Bureau. **Margaret Gibson**, a graduate of Dalhousie University and the Maritime School of Social Work, has been appointed to succeed Miss Reynolds in Moncton.

Eric J. Dick, principal of the Nova Scotia School for Boys, Shelburne, has been appointed superintendent of the Nova Scotia Training School for mentally retarded children, Brookside, Truro. He assumed his new position on December first, replacing **Harold R. Thompson**, the former superintendent, who died last August. **W. R. Wesley**, vice-principal of the Nova Scotia School for Boys became principal when Mr. Dick changed positions.

J. W. Everatt has retired from his position as warden of Saskatchewan penitentiary, Prince Albert, and **C. C. Coutts** of Ottawa has been appointed to take his place.

Frère Julien has become superintendent of Mont St. Antoine, a school for delinquent boys in Montreal. The former superintendent, **Frère Jacques**, is now doing supervisory work in the schools conducted by his Order.

Margaret E. Wilson, executive secretary of the Canadian Red Cross Society, has left for the Far East at the request of the Department of Na-

tional Defence, to study Canadian military installations in Japan and confer with army authorities about the work of the Canadian Red Cross welfare team now stationed there. There are 23 young Canadian women serving on the team in Japan.

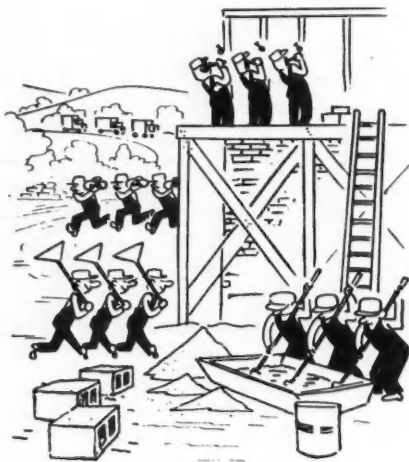
David Donnison, formerly of Manchester University, is on the staff of the University of Toronto School of Social Work as lecturer in social welfare. He is teaching the introductory course in research, acting as consultant to students working on research projects and assisting in the teaching of the course on social services.

R. D. Jorgenson of Edmonton, president of the Alberta Social Credit League for several years, was sworn in as Minister of Public Welfare for the province early in January. He succeeds **L. C. Halmrast**, who has become Minister of Agriculture.

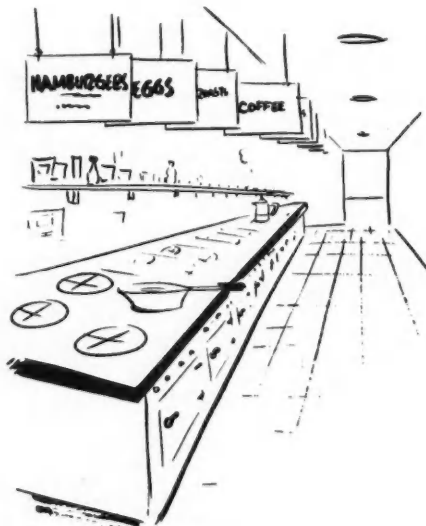
Dr. David A. Stewart has been appointed New Brunswick's first chief welfare officer. He will take over the new job at the end of the University of New Brunswick's academic year next spring. Dr. Stewart is a philosophy professor at UNB at present. He served for four years in the armed services as counsellor and psychologist, and from 1945 to 1952 was student counsellor at the University, and in addition took an active part in community work in Fredericton.

Mrs. Marion Splane has resigned from the executive directorship of the Protestant Children's Village, Ottawa, for reasons of health, and **Douglas Finlay** replaced her on February first. Mr. Finlay came to Ottawa from the New England Home for Little Wanderers where he has for the past six years been working with disturbed children.

CHEZ CLICHÉ



It was built by group work.



Cooking is done on a long range.

*Mrs. Simpson is director of the National News Bureau of the Girl Scouts of the United States. She originally prepared this article for the *National Staff Reporter* of the Girl Scouts, and it is reproduced here by kind permission of the author and of *Channels*, the periodical of the National Publicity Council for Health and Welfare Services in which we first found the piece. We are told that there have been many requests to reprint.

The house has a broad ap
Across the street is a cemetery

Inside, the house has man
is used as a rumpus room.
decorated with panels and ha

The dining room contain
of whole cloth. Hanging ab
with a chute for carrying out
The plumbing operates by joi

In this house live key p
ride cycles of directive plann

Although partially financ
by that outstanding citizen,

The name of the house



There is an area of concern

The building materials are blocks of time and concrete examples. The cornerstone is a mass of material, while the foundations are made of basic beliefs. The windows provide a long view and are set in frames of reference. The roof, which has a peak of experience, provides total coverage. It was built by group work.

and approach and is set in a field of grass roots overlooking a pool of resources. A library for bodies of knowledge. The community is minded.

has many special features, including an area of concern in the basement which is a workshop. All woodwork throughout the house is earmarked and the walls are covered in handwriting. The rooms are connected by channels of communication.

contains a round table and all the living room furniture is upholstered out of old tires. Above the mantelpiece is an overall picture. Each bedroom is equipped with a bed made of straw. Wiring throughout the house conforms to the ethical code. The house is a joint action. Cooking is done on a long range.

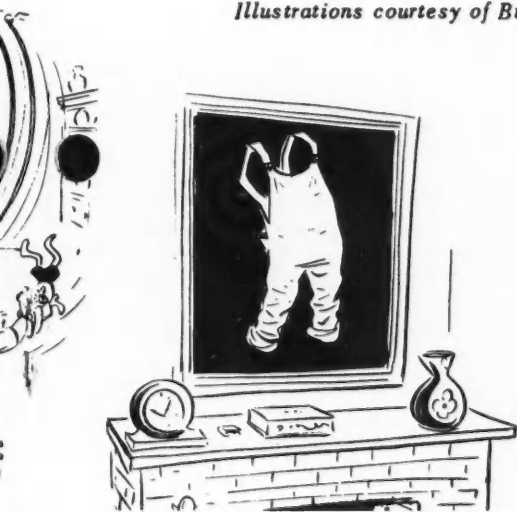
They are people who often entertain their community relations. Their children play with spheres of influence.

Financed by voluntary contributions, the house has a mortgage which is held by the community. The house is named, Major Responsibility.

The house is, of course, *Chez Cliché*.

Gertrude Simpson*

Illustrations courtesy of Bill Gray



... and an overall picture.



In this house live key people.

IMPROVING SOCIAL WORK EDUCATION

By SWITHUN BOWERS, O.M.I.

All across Canada these days people are talking, with interest and with knowledge, about some of the problems of social work education. Board members, trade unionists, doctors, lawyers and business men, are joining with social workers and educators to discuss the connection between social work education and the needs of good social work practice. How have these groups been brought together?

Eighteen months ago the Canadian Welfare Council agreed to collaborate with the National Committee of Canadian Schools of Social Work and the Canadian Association of Social Workers, in planning a delegate work conference to look into the problems and prospects of social work education in Canada. A joint steering committee was set up, with Phyllis Burns and Lillian Thomson representing the Council.

This committee first sought to identify some of the major problems requiring consideration. These were seen as:

Clear delineation of the major functions which are required of social workers in the varied fields of practice.

Careful study of the relevance and adequacy of present educational preparation for social work.

Development of methods for improving in-service training of social workers.

Recruitment for social work practice.

Interpretation to the general public of the connection between professional education and the effectiveness of the social services.

Means of ensuring adequate financing of social work education.

It seemed evident that if a national workshop were to be properly briefed on such problems, there must first be an opportunity to thresh them out at the local and the regional levels. It was, therefore, decided to use the branch structure of the Canadian Association of Social Workers to hold local workshops across the country.

These are the workshops which are now underway. One or two have already completed their discussions and are preparing their reports. The experience to date has shown that they are eminently worthwhile and certainly result in much better understanding of some of the problems in the welfare field today.

Thus far both the quantity and the quality of lay participation has been exceptional. We strongly urge *you* to take part in the workshop in your locality. Your point of view is important and worthwhile. If you have not been invited, get in touch with any social agency, find out when and where the local workshop is being held, walk in and say what you think. Interest is the only credential required.

It is expected that from these local workshops will come informed and prepared delegates to regional conferences tentatively planned for the Winter of 1954. It is hoped to hold the National Workshop in 1955. A long process! Yes, but how much greater understanding will have been generated along the way. In this venture, the board member is on equal footing with the social work educator and the social work practitioner.

LAW AND SOCIAL SCIENCE IN THE CORRECTIONAL FIELD

By E. K. NELSON, JR.

THERE never has been an excess of affection between law and the social sciences in the whole time of their interaction together. Despite a certain tendency for each to shun the other, however, the two fields increasingly have become intermixed in modern programs for the control of crime and the points of contention between them have taken on an immensely more practical significance than ever before. The time is ripe for a candid and objective appraisal of the attitudes on either side which impede collaboration in these mutual endeavours.

The recent, large-scale development of probation and parole has opened new frontiers for the use of social work techniques in the investigation and treatment of criminal behaviour.

The field of sociology, with its included discipline of criminology, has presented new and challenging questions about the roles of the jurist and the public prosecutor.

The philosophy and procedure of judicial processes for youthful offenders have been modified to their very foundations under the impact of remedial movements which had their inception outside the legal sphere.

The terminology of psychology and psychiatry now competes with legal phraseology at all stages in the administration of criminal justice, and the attorney who is concerned with such matters can ill-afford to be naive about the meanings of the terms.

The social scientists have stated their position voluminously in recent years, and a few legal thinkers have been provoked sufficiently to offer a fair amount of stinging rebuttal.

But a review of the literature reveals a discouraging preoccupation with the virtues of one approach *or* the other, and a lack of attention to the methods by which a workable synthesis of the two fields can be achieved.

Let us turn, then, to the examination of the strengths and weaknesses which, respectively, are inherent in these two divergent points of view.

Let the Punishment Fit the Crime?

It must be understood, at the beginning, that our present criminal law and procedure developed out of a supposition which is inimical to the approach adopted by modern social scientists. The essence of this legal premise lies in the old cliché which holds that the punishment meted out to an offender should be scaled to match the gravity of his crime.

At the time of its origin, this view had all the vigour of a reform movement, for it was intended to correct discriminatory handling of different individuals before the bar of justice. Indeed, certain of the more idealistic traditions of the legal profession are rooted in this idea, and most law students are imbued with the democratic spirit of fair play which it connotes.

Or Correct the Criminal?

To the contemporary social scientist, however, this interpretation of the mission of criminal justice seems sterile, and inconsistent with psychological and sociological knowledge which has accrued during the past century.

He argues that these new insights into human behaviour permit us to rehabilitate the offender, rather than

merely punish him; and the futility of purely punitive measures is emphasized and documented.

He holds that the disposition of each criminal case should be made to meet the unique needs and problems of the offender, toward the end that an appropriate treatment program may be worked out for him.

We are now called upon to complete the cycle and return to a differential handling of law-breakers, but this time with an added element of seeking to meliorate the human frailties which induced criminal activity.

The true issue between law and the social sciences, as regards the proper function of correctional agencies, now emerges in clearer form: Do we have the skills and resources by which to substitute treatment for punishment without endangering the right of society to be protected against crime? The social scientist cries an emphatic yes; but others, among them many members of the legal fraternity, remain more or less sceptical of this answer.

How Does the New Replace the Old?

Unfortunately, the most vocal parties, on either side of the controversy, fail to see that the question does not permit a dogmatic yes or no at the present time. Certainly, our ultimate goal is to be helpful rather than repressive in dealing with the offender, but the shift from negative to positive approaches cannot be accomplished in a single, dramatic leap, merely because we wish it to take place.

New programs must be developed soundly before old ones are tossed aside; many complex problems remain to be solved, for which platitudes furnish no adequate answer.

Rehabilitative efforts become acutely vulnerable to criticism when their major substance is discovered to be little more than good intentions, as witness the residual impressions in the public mind of the recent wave of prison riots.

No longer can we conceive of correctional reform as a death struggle between vested occupational interests and humanitarian crusaders. The old and the new have much to offer to each other, and the shortest road out of our present quandary lies in more effective collaboration between professional disciplines which now are isolated from each other.

The social sciences have their greatest strength in areas in which the legal approach is most weak and, conversely, the steady bulwark of the law upholds the structure of criminal justice at points which would crumble if this support suddenly were removed.

The great opportunity of the social scientist lies in providing constructive alternatives for punishment, and gradually integrating these into the legal framework. The lawyer is not equipped by attitude or training to make this contribution, however much he may pride himself on a "common sense" understanding of human nature.

The diagnosis and treatment of the offender is a task for specialists who approach the difficult problems involved on the basis of a thorough professional preparation. There should be no pretense that these experts possess omnipotent vision in seeing human ills, or magical techniques in treating them; but they should be encouraged to develop well-rounded and adequately financed programs for the prevention of crime and the rehabilitation of the offender.

Moreover, the social scientist should be helped to adapt his methods to the special demands of work within authoritative settings, a challenge which can be met only through the systematic acquisition of experience and understanding in these fields.

Those of the legal school of thought, on the other hand, can use their great influence most constructively by representing the interests of society in shaping the policy of correctional programs. The bench and the bar have earned the public trust by resisting innovations that, because they are invalid or immature, endanger the soundness of our social controls on crime.

The legal thinker, for example, always has defended the necessity of imposing reasonable limits and sanctions on errant human behaviour, despite an insistent clamour from some quarters that such methods serve no justifiable purpose.

The social scientists sometimes have tended to align themselves with offenders so completely as to support them in their rebellious behaviour, rather than help them to adjust to the realities of living within the law.

But members of the bar must come to realize that their obligation to protect the community, in this respect, is not fulfilled by a blind resistance to change. The old way is not virtuous merely because it is old, just as the new way has no special efficacy on the basis of its novelty alone. If

lawyers are to serve the community intelligently in the matter of correctional reform, they must cultivate the knowledge and the objectivity which permit more discriminating judgments of the crucial issues before us.

Reconciling Different Views

My experience indicates that lawyers and social scientists work together most harmoniously when they come to know each other as human beings, rather than strange and threatening inhabitants of distant professional universes. The problem of achieving more effective collaboration between the two groups stems, in part, from the attitudes and language barriers which interfere with communication between them. Many individuals in both fields are guilty of an inclination to impress outsiders with a showcase of technical terms and concepts.

It would be helpful if we could become less concerned with the defensive process of bolstering professional self-esteem, and more willing to accept a different point of view for whatever intrinsic worth it may possess.

Happily, in many correctional settings today, the judge and the attorney are meeting the social scientists in genuine efforts to solve mutual problems. This is the proper means by which the needs of society and of the offender may be reconciled and met.

INTERNATIONAL SOCIAL WELFARE

A series of lectures on "Human Needs and Services in International Social Welfare" will be given in Toronto on Monday evenings from February 22 to April 26. The lectures will be given by Canadian and United States authorities. The series is sponsored by the Toronto School of Social Work and the Toronto Branch of the Canadian Association of Social Workers, and is offered under the auspices of the Toronto Department of University Extension.

CORRESPONDENCE

48 Clarendon Road, London W 11.

Dear Mrs. King:

Your special number of *CANADIAN WELFARE* on the treatment of the criminal in Canada has been lent to me by a friend. Having been in Canada this year and visited four penal institutions in British Columbia (I have visited other Canadian prisons in earlier years) I should very much like to have a copy.

I am specially interested in the article on Probation, as in talking with friends in Canada the extension of this form of treatment seemed to me to be the most immediate need in the Canadian penal system. I do not think it is possible for me to send you 30 cents owing to the exchange regulations, but I am posting you under another cover a book* in the production of which I have had some share, and hope that you in turn will find some interest in it.

Yours sincerely,

MARGERY FRY.

*See page 47.

Montreal Council of Social Agencies.

Dear Mrs. King:

In the December 15th issue of *CANADIAN WELFARE*, on page 23, is an article by Mrs. Phebe G. Pratt who is described as "a professional librarian who is now on the staff of the Montreal Council of Social Agencies". In a sense you are right, but your readers would probably like to know that Mrs. Pratt is the almost ideal volunteer who contributes approximately half her time to doing staff work for the Montreal Council of Social Agencies, in addition to which she contributes a substantial amount of her substance.

Sincerely yours,

CARL REINKE, President.

National Council Y.M.C.A.'s, Canada.

Dear Mrs. King:

I was dismayed to read the news item about my visit to St. John's, Newfoundland, on page 12 of the December 15th issue of *CANADIAN WELFARE*, particularly the statement, "He advised that a trained field secretary would be sent by headquarters in Toronto to work in facilities already in the community". This is untrue.

As a result of my visit I recommended to the National Y.M.C.A. Extension Committee that we should not encourage the people interested in a Y.M.C.A. in St. John's to attempt to organize a Y.M.C.A. at this time. I found many people interested in the Y.M.C.A., and some who felt they needed a Y.M.C.A., but after talking to many community leaders I did not think the time was opportune to encourage the Y.M.C.A. supporters to attempt to organize an Association in St. John's.

Furthermore, the inference that the National Council Office is a "headquarters" and would "send a trained secretary", is quite foreign to our policy. Every local Y.M.C.A. in Canada has complete autonomy and is responsible for finances, program and employing of staff. We co-operate with a group organizing a new Y.M.C.A., but they do the work and actually select the secretary.

I am sorry that your informant gave you such incorrect information.

Sincerely yours,

R. S. HOSKING.

General Secretary.

* * *

Apologies to Dr. Hosking for our erroneous reporting. —Ed.

WHAT THE COUNCIL IS DOING . . .

Here we are again, having to go to press just before a week when all kinds of exciting Council activities are to take place. It is no accident, of course, that Council events get "bunched" in this way. In a national organization it is only sound planning to arrange other meetings or conferences around some special event which is likely to attract a particularly representative gathering of the far-flung membership.

We could wish, though, that they could be arranged to fit with the publication dates of *CANADIAN WELFARE*. Perusing this column in February, those of you who went "Council-ing" from January 13 to 16 will be in the position of the detective story reader who peeks at the end of the book first—though without the dishonourable taint which such behaviour entails among real detective fans. The rest of you will just have to await further tidings.

The special event of the January week is, of course, the Midwinter Meeting and Conference of the Community Chests and Councils Division in association with the Family and Child Welfare and the Public Welfare Divisions. This co-operative venture has snowballed into something akin to the Council's Annual Meeting—the three-day variety.

We talked about the Conference in an earlier issue but just to remind you, the theme is "Social Planning in Changing Times". Under examination will be problems and issues of planning in relation to family living, avoiding attitudes of dependency while improving welfare services, use of leisure time, financing of welfare services, and the welfare job to be done for the whole community.

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These combined meetings will last a day and a half and will be preceded by division meetings on January 14. The Council's Function and Organization study will figure prominently in the discussions. The Public Welfare Division will bring the problem even nearer home in a session on its own purpose and function and its place in the Council as a whole—not an easy definition to make satisfactorily, involving as it does the relationship of public and private welfare, particularly as regards social action.

CCC is looking at its perennial problem of multiple appeals, this time with a definite recommendation for that long-felt want, a National Budget Review Board—at least on a voluntary basis. The CCC Public Relations Committee will be reviewing plans for chest campaign publicity in 1954—dear me, the last campaigns seem only just over—and discussing the problems of general interpretation of chests and councils to the public.

The Family and Child Welfare Division also has a full day's program. Its business session will consider a draft constitution for the new combined division, the work of a committee referred to in our November column. In November we also mentioned the report on "Principles in Holiday Giving" which will be up for approval on January 14. If accepted, it will later go to the Board with a recommendation for adoption as Council policy. We'll then be telling you something about its contents but it is interesting to note that the report has already aroused considerable interest and even press comment through its circulation to member agencies for study.

The rest of the day for F and CW will be taken up with a session on

adoption and another on "How Do We Feel About People Who Seek Help?" As a background for the latter discussion the Division will use part of the report on the philosophy, principles and practices in the giving of financial assistance, recently completed by the Committee on Relief Giving Practices (See back cover).

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The Board of Governors meets on January 13 with its usual heavy agenda. A new and urgent item for discussion is representations which the Council might make to the federal government on the proposed legislation to provide allowances for disabled people which will be introduced shortly in the House of Commons. At the request of the Executive Committee, a draft has been prepared in consultation with advisory groups in Ottawa, Montreal and Toronto and with selected correspondents across Canada.

The project is a good example of the need on occasion for the Council's leaders to act quickly even when, as in this case, limited time prevents wide consultation with the membership. The proposed brief contains specific recommendations on the projected disability allowances and discusses their relation to a total social security program. On both these sections the Board has the benefit not only of the advice of the special consultants but of previous Council policy statements.

Among other topics for the Board meeting is the report of the Committee which has been considering what the role of the Council should be in relation to the welfare of immigrants and which recommends the setting up of a Standing Committee with

certain well-defined functions. Then there is a report from the Public Welfare Division regarding a possible survey on the needs of the aged in Canada which has already brought forth the suggestion that it may be time for a careful appraisal of the Council's role in this field. Lastly, the Board will discuss plans for the 1954 Annual Meeting on June 23, an item which first appeared on its agenda on April 11, 1953—which gives some idea of the long-range planning required for such an affair. Of course this year's meeting presents special problems because of the conjunction of the Canadian and international conferences on social work which it precedes.

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The last event of this busy mid-January week will be a lunch meeting of the Committee on Function and Organization on the 16th. At its meeting last December 2, the Committee discussed thoroughly the submissions on its Draft Report sent in by division National Executive Committees and the French Commission. The Committee was pleased — and relieved — at the extent to which there was agreement on its recommendations, but some sections did evoke controversial comment and led to amendments.

The Committee has invited additional division and French Commission representation at its January 16 meeting (the chairmen are already committee members) for further discussion before putting its report in final form. A special sub-committee has been set up to consider the Council's finances, under the chairmanship of Karl Fraser of Toronto, a former vice-chairman of the Council's Finance Committee, and this work is far

from complete. However, the rest of the report should be in the hands of the membership in the near future for study and comment before its submission to the Board of Governors and to the 1954 Annual Meeting.

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One of our New Year's resolutions has been to try and give more continuity to this column. We ourselves are often irritated by reading something of interest, say in the newspapers, and then never hearing of it again, never knowing how it turned out. So for your information (see the issue of December 15 last) the CCC Division and Ontario Welfare Council Conference in November (on Citizen Participation in Community Welfare) was a great success and was attended by 80 people. Also outstanding was the F and CW and French Commission's November institute on Foster Care for Children for French-speaking Council members, attendance approximately 200. It gave evidence of the stimulating progress which is taking place in the planning and operation of such programs for children by this part of the Council's constituency. The institute also provided the heartening sight of some English-speaking members sitting in on the sessions and even occasionally overcoming their timidity to make spoken contribution, so great was their interest.

We find we have not mentioned since the November 1 column the important study of the CCC Division's Councils Section on the relationship of the federal health grants to social work. Present plans for the project first involve the collection of information—from federal and provincial departments, local councils and operating agencies—about what is

currently being done through these grants. This will be followed by an appraisal of the extent to which they are being used, including the unevenness known to exist as between provinces, and the effectiveness of the program. The results will be made available to local councils to assist them in efforts to make full use of the opportunities offered by the grants. The study may also lead, of course, to CWC recommendations to the appropriate authorities.

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Another subject we have mentioned before is the report of the Family and Child Welfare Division on "Residence Requirements as they Affect Unmarried Mothers". Its approval by the Board makes it a Council statement of policy which has been summarized and issued in leaflet form for ready reference. It is now on sale—see back cover. The report deals, of course, with one aspect of a Canadian problem — residence regulations — that is constantly cropping up and bedeviling the lives of unfortunate people, and the work of agencies both public and private. Obviously, the report is important for public education and for social action. The Division is now working out plans as to how the document can best be of service to those who are trying not only to help the unmarried mother but also to find more satisfactory ways of dealing with the whole problem of residence. In the meantime, a committee is carrying on a companion study of Standards of Service to Unmarried Parents, a project which will probably take at least another year to complete although an interim report should be ready for the Division's Annual Meeting in June.

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The Committee on the Family Court, Delinquency and Crime Division

This Committee, under the chairmanship of Miss Jean McTaggart, Executive Secretary of the Family Service Bureau, Hamilton, was set up by the Division in 1951. It was the result of frequent requests for information received at the Council office from community groups interested in establishing a family court locally.

Very little has so far been published on this topic either in Canada or the United States and the Committee was given the job of preparing a document which would be helpful to communities in planning and setting up a family court. It was recognized that this would involve consideration of many controversial points on which no generally accepted policy had yet been formulated. The Committee would therefore also have an opportunity to clarify matters of function and practice with regard to the family court.

The Committee established four sub-committees in Kingston, Toronto, Hamilton and Windsor. Because of the friction which has appeared to exist between social workers and lawyers on the subject of the family court, great care was taken to get an adequate number of Committee members from the legal profession. The Committee approached its task warily, expecting to find some issues which could only be stated, not resolved, as the differences of opinion about them would be so acute. However, to its surprise and relief the Committee found that most of the problems disappeared on closer scrutiny and what were expected to be disagreements usually turned out to be misunderstandings.

For example, should legal proce-

dures in a family court be the same as in other courts? The lawyers on the Committee were pleased to find that the social workers gave an affirmative answer and that they also agreed it was undesirable for probation staff to "take over" the functions of the judge. Social workers for their part got a sympathetic acceptance of their interpretation of the different approaches which they felt should distinguish the services of probation officers from those of a family agency and of the problems that might arise from a confusion between them. In fact the Committee's experience has been an excellent illustration of the good that can come from the close co-operation of social work and the legal profession.

In addition to its discussion of principles and practices of the family court, the Committee's draft report contains a great deal of factual material which should prove most valuable. This includes such information as a bibliography, a list of family courts in Canada, and a summary of family court legislation in the provinces.

The draft report has been sent for comment to all judges of family courts in Canada, to agency members of the Family and Child Welfare Division, and to some local councils. Particularly interesting is the fact that the Canadian Bar Association is setting up a special committee to study the draft. The Association was not asked to endorse the report, although one can always hope. However, it will undoubtedly make many suggestions of great assistance to the Committee.

P. G.

COORDINATED HOME CARE FOR THE AGED

The British Pattern

By T. N. RUDD, M.R.C.P.

MAN carries within him a three-fold life: body, mind, spirit (or as they are sometimes termed soma, psyche and anima) forming an indivisible whole. Without any one of them, life cannot be carried on in its fulness.

If, in this article, considerations of the anima are purposely omitted, it is because such problems are of a special nature, and not that they are of lesser importance than the affairs of body and mind.

A healthy state of the soul is in fact, a prime consideration at a time of life when the temporal parts of man's being are subject to decline. This must be borne in mind whenever the welfare of the aged is considered.

In promoting health and happiness in old age the wishes of the elderly subject should always be studied. Even if his desires cannot always be met, no arrangements for his future should be made without consulting him and telling him what is being planned.

Old people very naturally resent being "pushed around" by their juniors, and an unwise, inconsiderate approach may arouse implacable hostilities which may later prove an obstacle to management.

There is no doubt that old people cling to their own homes and, generally speaking, dislike communal life whether in residential homes or institutions. That they show so strong a preference is well, as field survey figures for England show that if all ailing elderly persons were to receive care in hospitals or residential homes, a building program of such magni-

tude would be required that even the wealthiest nation would be unable to finance it.

As things are today, both in Canada and in Britain, a state of deadlock has been reached in hospital admissions and discharges. An undue proportion of beds in "acute" hospitals is occupied by long term cases, usually among the elderly.

These cases are usually suitable for transfer to hospitals for the chronic sick, who can seldom receive them as the low discharge rate from such hospitals does not keep pace with the demands for admission. Unless this demand can be lessened or the discharge rate increased, deadlock will persist.

With the present social trends evident in both countries, the demand for beds is not likely to lessen. It is, in fact, increasing every year. The problem can therefore only be solved by a new approach to health and ill-health in the aged and such an approach must take into consideration both the home and the hospital.

English experience of the last fifteen years has formulated an approach to geriatrics (the medical care of the aged) embodying this double principle: to build up the patient's health to suit the home; to build up the home to suit the patient.

Building the Patient's Health

How the hospital can play its part in building up the health of the aged patient and restoring him to activity and some degree of independence, has been described elsewhere.* Recent experience, starting with the

*The Nursing of the Elderly Sick, by T. N. Rudd. Faber & Faber, London, 1953.

pioneer work of Dr. Marjory Warren at Isleworth, Middlesex, has shown that ill health in old age and the effects of acute illness (hemiplegias, heart failure, etc.) can be remedied to an extent hitherto considered impossible.

Building Up the Home to Suit the Patient

Final discharge from hospital does however require a home in which the frail old person can be looked after, and if necessary be given simple home nursing, with a reasonable chance of further breakdown being avoided.

For those who lack homes of their own, and of these there are many, residential homes of suitable kind are needed, while those blessed with homes may need these strengthened by certain services to make them suitable places of residence for the infirm and the semi-invalid.

Such services to the aged will be found to fall into one of two groups, the essential services, which make home management for the many a possibility, and those which are non-essential but none the less desirable, as they add greatly to the happiness and ease of the older citizen.

Doctor, Nurse, Domestic Help

Among the essential services that the old require in their homes, the family doctor and the visiting nurse play the chief part. Visits from the doctor are of more importance in later than in earlier life, as many old people are prevented by infirmity from visiting the doctor in his office. This home care by the doctor cannot, we believe in England, be delegated to the hospital interne.

Much of the medical treatment prescribed may need the visiting nurse to administer or supervise it,

as old people, many of whom live alone, are less able than youngsters to care for themselves. If this need is to be met in Canada, considerable expansion of work of the Victorian Order of Nurses and of the visiting nurses of the Catholic Sisterhoods is required.

To enable the nurse to get the best results from her work, nursing appliances such as bed-rests, bed-pans, pulleys, special mattresses, should be available on loan. In England, such a service is maintained by the Red Cross-St. John's Organization, supplemented in certain places by the Municipal Government.

Prior to the National Health Service Act, the same bodies provided a free ambulance service, available twenty-four hours a day throughout the year. This service is now a national responsibility. In view of the high cost of drugs and antibiotics, the aged-sick find a free pharmaceutical service an essential.

Passing from medical and nursing services, domestic help is the next great necessity. There are three valuable services, any of which may be able to preserve the home situation and prevent admission to hospital. These are a home-meals service (known in Britain as "Meals on Wheels"), an occasional domestic help service ("Home-Helps") and a home laundry service. To be effective in lessening the demand for hospital accommodation, such services need to be provided in sufficient amount.

"Meals on Wheels" aim at providing good, hot two-course meals, at a cost within the patient's means and delivered to his home two or three times weekly. The meals are usually cooked in a municipal canteen or by a private restaurant and placed in insulated containers for distribution by

private cars belonging to members of a voluntary organization.

The "Home-Helps" service provides the occasional or regular domestic assistance that many elderly people require. The duties of the "help" include domestic work, cooking, washing and simple marketing, but specifically exclude nursing attention.

After a preliminary spring-clean of the apartment which will often be found very dirty, the home-help can frequently give real assistance in as little as three hours a week.

Nursing a patient at home is frequently made difficult by incontinence of urine. Public laundries are unwilling to accept contaminated linen; furthermore, the delay before the washed goods are returned and high laundry costs are serious difficulties for small households.

An invalid laundry service should aim at returning the laundered goods within two days of collection and make charges within the family's capacity to pay.

Even when the patient or his family are able to pay the full cost of the above services, they are still likely to find them of very real benefit. If, however, the patient is unable to pay the full charge, as is frequently the case, the Local Government Authority has the Statutory Power to pay a proportion or the whole of the cost.

Home Nursing

Certain other services should be looked on as essential to a full Home Care Program: Home Visiting and the provision of old people's clubs help to maintain the social contacts without which the aged tend to pass into senile dementia. To be effective, home-visiting should be frequent and regular.

The visitor should be trained in tact and know the subjects of con-

versation which will give the senior citizen the greatest pleasure. She should also be able to advise on the facilities provided for the welfare of the aged, including old age pensions and supplementary allowances, about which old persons living alone are often surprisingly ignorant.

Her duties should not stop with the visit, but should include minor services, such as occasional shopping or message-bearing, which may be of great help to an immobile patient. Visiting of the aged should not be lightly taken on. It may be a difficult task and if given up without good cause, may give much distress to the subject of the visit.

Clubs

Old People's Clubs, variously known as Darby and Joan, Golden Age, or Second Mile Clubs, have been the salvation of many lonely old people who are reasonably fit in body.

Such clubs provide basically against loneliness by giving opportunities to make new friends and to renew old acquaintances. Through their agency, old people can daily escape from their own narrow homes and those of their children, and return refreshed at night.

Subsidiary to this main aim, facilities can be provided for hot mid-day meals (either self-cooked by members, or as part of a "meals on wheels" service), a lending library, and perhaps a chiropody service.

The latter is often greatly appreciated, in view of the frequency of painful foot defects as age advances. Good chiropody make the patient more comfortable, increases happiness and may improve health by increasing mobility. It may also increase the old one's usefulness to the family, thus making him a more desired member of the community.

In a very limited number of cases, home physiotherapy can be looked on as an essential service though limitation in supply of physiotherapists generally makes their restriction to hospitals (when they can be more economically employed) desirable.

Additional Services

In addition to these essential services, there are a number which will be found of great value, although they must be labelled inessential, inasmuch as they do not contribute directly to the aim of keeping the elderly person away from hospital. They are none the less, much appreciated.

Their range is wide, and includes clubs and associations which meet infrequently, fortnightly, or monthly, excursions and seaside holidays, cheap tobacco, street-car travel at reduced rates, and sheltered workshops.

Counselling for the aged stands perhaps, in a group of its own. The age group most likely to benefit from a counselling service is 50 to 65, a period of life when the other services already outlined are less likely to be required than in subsequent decades.

At any age, however, wise guidance is of untold value, and particularly will this be found so in dealing with maladjustment of personal relation between mother-in-law and daughter-in-law, and so on, when different generations are living together in crowded accommodation.

Home Substitutes

For the many who have no homes and no families with whom to live, some home substitute is necessary. For these, residential homes (often called hotels in England) are required, funds for building and maintenance being supplied either by a charitable body or by the munici-

pality. In view of the differing educational and cultural groups needing accommodation, residential homes should vary in equipment and location.

Experience in Britain has shown certain features to be essential. These include smallness (30 to 40 residents being considered the maximum desirable); simplicity of structure, accommodation being limited to one or two floors; accessibility to public services (entertainment and religious facilities, public libraries, etc.); and the preservation of the resident's individuality. All residents should have their own rooms and the keeping of small private belongings should be encouraged.

In homes sheltering more than forty persons, human touches are apt to be lost, and mass apathy is likely to result. In order to combat this, residents should be urged to lead their own lives, and to use club and social facilities of the outside world. Too much entertainment brought into the residential home from outside is apt to defeat its own end.

Finally, under no circumstances should mentally afflicted or physically sick people be housed with the mentally normal. The supervision of forty "normal" elderly persons is quite enough responsibility for any matron, without the added responsibility for abnormals, who present problems of their own and who should, at any rate, be under the care of the medical services.

Organizing Home Care

To organize a scheme of home care such as has been outlined requires much planning and co-operation. If such a scheme were provided entirely by the municipality, not only would the cost be prohibitive but it would deny to the charitable their

right to relieve the misery and suffering on their doorstep. The magnitude of the problem is such that the only apparent solution lies in a concerted effort between voluntary bodies and the local government authority, with the aid of extra funds made available by the central government.

The first step in drawing up such a program in any area must always be the making of a survey, both of the existing facilities and of the needs which still have to be met. It will then usually be found that much effort can be saved by the close co-operation of organizations already working on behalf of the elderly.

In such co-operation the participation of the hospital services is vital. Without an efficient home-care program, the hospitals will be left to handle a large number of people who could otherwise be sent to their homes.

On the other hand, the home situation will repeatedly break down, because of unavoidable ill-health, and the home service be unbearably strained unless the hospitals can come to the rescue. A vigorous home-care policy with a policy of reactivation of the chronic sick in hospital will alone break the present deadlock.

Economy

The exact amount saved to the nation by provision of a home-care program such as this is difficult to estimate. It is clearly less expensive for a patient to take a small share in such a program than to occupy a bed in an "acute" hospital. Many patients so maintained at home would otherwise occupy beds in "long-term

annexes" which are less expensive hospital units. On the credit side must be placed the people who, because of adequate home-care, will never figure on a waiting list for hospital admission.

This shortening of waiting lists may in itself make unnecessary costly building projects for new wings to hospitals and may further economize in trained nursing and auxiliary personnel, adequate provision of which is becoming a grave problem in most countries.

The greatest good achieved is, of course, the elderly person's. From a happy home, his services to the community and his gifts to his generation have come. We who are his successors in life find our satisfaction in giving him care in the place he loves.

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BOOK



REVIEWS

Great Britain. Report of the Royal Commission on Capital Punishment, 1949-1953. H.M. Stationery Office, London (United Kingdom Information Office, 275 Albert St., Ottawa), 1953. 505 pp. Price \$2.85.

The terms of reference of the Royal Commission on Capital Punishment 1949-1953 precluded the eminent Commissioners from considering or recommending concerning the abolition of capital punishment in Great Britain. Their task was primarily to recommend concerning the scope of capital punishment — "whether liability under the criminal law in Great Britain to suffer capital punishment for murder should be limited or modified."

The sixty-three sessions held by the Commission (thirty-one to hear oral evidence), the number of institutions visited, the battery of expert witnesses summoned, and the more than two hundred pages of Appendices attached to the *Report*, indicate that even this narrowed assignment pointed up urgent and highly complex problems.

The Commissioners discovered that murder represents not one crime, but a whole series of patterns of crime, and they present thumb nail sketches of fifty English and Scottish murders to drive this conclusion home.

In the ten chapters of Part I of the *Report* the Commissioners present an extended treatment of the "Limitation or Modification of the Liability to Suffer Capital Punishment." They

cover, in Chapter 1, the present scope of the death penalty, the role of the prosecution and of the jury, the royal prerogative of mercy and the function of capital punishment.

They delve, in Chapters 2 and 3, into such controversial issues as constructive malice, provocation, infanticide, suicide pacts, mercy killings, and the treatment accorded expectant mothers and minors.

There is a special section on jury recommendations to mercy. In Chapters 4, 5 and 6, criminal responsibility is covered particularly as affected by insanity and mental abnormality.

General proposals for the amendment of the law of murder are presented in Chapters 7 and 8, and for the modification of the royal prerogative of mercy in Chapter 9, with final conclusions in Chapter 10.

In Part II alternative treatment for murderers is sketched out in a single chapter, and in Part II methods of execution and the details associated with the sentence of death are presented in two chapters. In Chapter 14 are to be found eighty-nine specific recommendations, the more significant in heavy black type.

The Commissioners are convinced that the present law of murder does not permit sufficient weight being given to extenuating circumstances. They are critical of the exercise of the royal prerogative of mercy and recommend that juries be given wider authority in recommending imprisonment in cases where circumstances indicate a lesser punishment than death by hanging.

They suggest that, if no satisfactory and workable method for mitigating the rigours of the law can be devised, then the issue must become "whether capital punishment should be retained or abolished."

Murderers sentenced to imprisonment may well be retained in the long-term prisons of England and Scotland and given the same treatment as other felons; but the Commissioners urge that psychopaths and mentally abnormal persons who are not insane be transferred to institutions where both special study and special treatment can be given them.

The Commissioners conclude that, on balance, neither electrocution nor the gas chamber has any advantage over hanging as carried out in Great Britain; but they are impressed with the practice of death by lethal injection, even though they are not prepared to recommend it. They suggest that this substitute for death by hanging be reviewed from time to time "in the light of progress made in the science of anaesthetics".

C. W. TOPPING.

*Department of Sociology,
University of British Columbia.*

When You Preside, by Sidney S. Sutherland. Interstate Printers and Publishers, Danville, Ill., 1952. 158 pp. Price \$2.50.

Anyone who has had the responsibility of presiding at a business meeting, leading a discussion or guiding the development of policy or program of an organization will find Mr. Sutherland's book to contain much helpful information.

Presiding at a meeting can be a nightmare, an occasion to be regarded with apprehension as it approaches and relief as it is completed. Or it can be an exhilarating experience

which challenges one's skill and imagination and which brings as great satisfaction as the completion of any handicraft or other product of one's ability.

The difference between these two attitudes, the author suggests, springs from the way in which one regards and prepares for the whole experience. If the presiding officer can achieve an attitude of security and of being comfortable in the process of chairing a meeting or a discussion group, this security is conveyed to the group, and the members themselves are encouraged and stimulated to participate. If, however, the chairman's approach is one of fear and ignorance of what may develop, this tension is also transmitted to the meeting.

The book roughly divides itself into three sections. One deals with group reactions and how to stimulate and hold interest. Another deals with formal meetings and what is involved in getting the business done in accordance with the rules of parliamentary procedure and accepted practice. Many useful hints are given about telescoping business so that the rules of order are adhered to, but cumbersome and unnecessary motions are avoided and the whole process streamlined. A third deals with the conducting of panels, symposiums and forums, and the planning of conferences, workshops and staff meetings.

The author suggests that not only does the chairman need to know how to "play by ear", but also how to "conduct by ear", to sense when things drag and to speed up the tempo of the discussion at the precise moment when the interest begins to lag.

Some useful tips are presented about the organization of discussion periods in which the technique of the "buzz session" is used. There are warnings against its misuse as well as descriptions of its positive usefulness.

The social work field is one in which, at this particular stage in its growth, numerous meetings are needed for the evolution of policy, community organization and professional techniques. The very weight of numbers of these meetings makes people weary of words and impatient of the burden of consultation.

Mr. Sutherland's advice, if followed, would in many instances tend to relieve this and help both presiding officers and group members to enjoy the discussions and to extract from them the wise decisions which are so necessary in the evolution of our social welfare programs.

NORA LEA.

Protestant Children's Homes
Toronto.

Through Movement to Life, the Economic Employment of the Disabled, by John Arthur. Chapman & Hall, London (British Book Service, Toronto). 1952. 93 pp.

We in Canada have not sufficient contact with the trend of rehabilitation in Britain to realize the place that the author, Mr. John Arthur, described as member of the Council of the British Rheumatic Association, holds in the movement, nor do we realize how pressing were the considerations that may have moved him and his loyal and enthusiastic colleagues to undertake in 1945 (in view of the fact that a far-reaching Government rehabilitation program had been under way since 1943) the "Michael Works experiment", at a woodworking plant whose annual turnover attained £25,000 in 1948.

"The need for remunerative employment of the disabled was felt by a number of people to be imperative", was one reason, and also, "During the war, too, the author had found an unexpected labour force among those who had been considered economically unemployable because of severe disability. It was hoped that if the experiment were successful the status of the disabled would undergo a noteworthy change . . . pity for his afflictions would be supplanted by an appreciation for what he could achieve—he would come to be regarded in the same light as the ordinary working man."

This slight work, *Through Movement to Life—the Economic Employment of the Disabled*, is done in the best spirit of the honest investigator, setting down in almost the manner of the laboratory the problem, the methods taken, the support received, the difficulties encountered and the tentative conclusions reached.

One cannot escape the atmosphere of dedication in which the author and his supporters addressed themselves to their task, nor the conviction that even though in 1949 the experiment itself failed (an eventuality, which, in the retrospect of post-war complications, occasions no great wonder) there is preserved in this first-hand record something that ranks with basic research made in other scientific fields. Here the area is very great—from what the writer of the foreword, Dr. Francis Bach, accounts to be "psychosomatic medicine" down to the business man's "break-even-point" in production, the relations between handicapped workers and labour unions, and the optimum balance in character of production.

From the crucible of devoted experience, Mr. Arthur gives us a series

of observations which will probably serve as refined metal in the hands of all levels of workers in the rehabilitation programs of Britain and other lands. Among these findings are what might be called laboratory notes upon the rheumatic, the spastic and other groups of disabled persons.

Mr. Arthur will probably be able to feel at ease in his hope that "If we have convinced the reader of the need for workers in this field who are willing to look upon their work as a vocation, and who will use their powers to help their disabled fellows to mount the ladder to recovery, then our efforts will not have been in vain."

ROY CAMPBELL.

*Council for the Guidance
of the Handicapped,
Montreal.*

Report of the Mission on Rural Community Organization and Development in the Caribbean Area and Mexico (UN Series on Community Organization and Development), by Dr. Ahmed Hussein and Dr. Carl C. Taylor. United Nations, New York. (Ryerson Press, Toronto), 1953. 45 pp. Price 40 cents.

This is a report prepared for the Technical Assistance Administration of the United Nations by a Mission which visited a number of countries in Central America for the purpose of observing and analysing local community self-help organizations.

The Mission visited thirty communities in the course of ten weeks of field work. Its study method is described in a foreword and the report itself is in two parts.

Part I reports direct field observations by describing some of the different kinds of communities visited and how community development

techniques and processes are employed.

There is an excellent analysis of how local leaders are used in community work, with concrete examples of both effective and ineffective approaches. Part I concludes with some critical observations on the effect of national policies and national agencies on local community development.

One of the most important conclusions drawn is that there must be a close working relationship between the work of the technical and economic assistance agencies and community welfare organizers. The report states "... the greatest progress in national, economic and social improvement, especially in rural areas, is being made where one community after another is working upon its recognized basic economic and social needs as a self-conscious local group."

The Mission reports that real progress was made in local community development only after "sustained discussion by the community of its basic needs and most urgent problems". A second success factor was a decision by the community to accept the responsibility of pooling its intelligence, man power and local resources to attack one specific problem, the solution of which would meet some need of a large majority or all of the families in the community.

In organizing to solve the problem the community inevitably learned that it needed some specialized technical assistance, including material or financial assistance from outside the community. Successful accomplishment tended to develop group responsibility and pride, which led the people to attack other community problems.

The Mission demonstrates the fallacy of imposing outside leadership and describes the identification and training of "natural group leaders". A natural group leader is described as one of the members of the group who has superior knowledge, ideas and ability to accomplish the group's objectives, is highly trusted by the other members, and has the status of a leader by virtue of the trust his own group places in him.

These local non-paid community leaders cannot devote themselves to time-consuming routine services like other volunteer workers who are both useful and needed but are seldom community leaders.

Institutional leaders such as priests, school teachers and politicians, while often useful, are seldom permanent residents of the community and are rarely able to mobilize the community as effectively as its own selected leaders, particularly in sustained community development undertakings.

The most universal needs of communities observed by the Mission were in the field of education, health, sanitary and adequate water supplies, roads and recreation.

The Report concludes that aided community self-help is probably the best and most economical method of technical assistance, but that this alone cannot accomplish all that is needed to improve the life of local communities in the economically under-developed areas of the world: government agencies need to be created to stimulate and guide local efforts, and technical assistance is also needed at levels other than the local community.

HENRY STUBBINS.

*Canadian Welfare Council,
Ottawa.*

Social Sweden. A Government Survey published by the Social Welfare Board, Stockholm, 1952. 462 pp. Price \$3.50. (Available at the Swedish Legation Offices, 720 Manor Road, Rockcliffe, Ont.)

This book is a complete revision of a previous manual entitled "Social Work and Legislation in Sweden", of which the last edition was published in 1938. It is a well-organized survey of the comprehensive social services of modern Sweden. It is well written in literate and intelligible English, beautifully produced on fine paper in a well-designed type, and superbly illustrated.

The photographs which adorn every section show clearly that the Swedes respect good art and architecture in deeds as well as words, and respect the clients of their services by providing the best of both in the institutional and office buildings of the social services. The graphs and charts which come in their appropriate sections are clear, informative and well-organized. There is a spacious dignity about this book, of which there is no North American counterpart, that proclaims the social services as a source of pride.

It comes as a severe jolt, after the hesitant and apologetic gobbledygook of so much official writing about the social services, to read in the preface by the Minister of Social Affairs, "... a gratifying unanimity prevails with regard to the essential principles of Social Security . . . The work of social reform can never be said to be accomplished. In a progressive society, the demand that social reform measures shall be adapted to the improved standards and increased wealth of the community is fully justified".

Certainly the first statement could

not be made of Canada: and it would be a rash minister of welfare—and a most unusual one—who would commit himself in a government publication to the second.

If the concept of welfare as a proper function of positive government is taken almost as an axiom, the range of services described is both wide and generous. Social insurance; family welfare; the care of children; public assistance; temperance; treatment of delinquency; health services; housing; education; employment; and the well-being and protection of employees at their work are each accorded a chapter.

Wisely, this book devotes the first two chapters to a careful presentation of the essential facts about Sweden that must be studied as the essential preliminary to the study of its social services. The inevitable compromise and disarticulation of the various parts of the welfare system are acknowledged and from the analysis emerges an important statement on the principles of social welfare in Sweden at the middle of the twentieth century.

In spite of the fact that, since the Public Assistance Act of 1918, public assistance was a "right of all persons incapable of work and lacking other means of subsistence", it is now firmly stated that public assistances have proved "unsatisfactory in many respects and are commonly regarded as possessing great disadvantages for the recipients themselves as well as for society at large".

A report published in 1950 recommended a new system of social assistance, to supersede the existing Public Assistance, based on the principle "that only a general form of assistance based on the determination of individual needs would serve to guar-

antee the citizen receiving adequate assistance in any stated distress regardless of cause and extent".

The Swedes have been having the same problems with medical care as all the western industrial nations. Hospital services for all classes of the population have already emerged from their poor law origins. A decision has been made in principle to establish a comprehensive health service for adults, similar to that which already covers pre-school and school children, provided by an organization of health centres, staffed by medical officers.

But the "proposal has met with strong, partly political opposition" and "It is as yet too early to state when and to what extent the scheme will be carried into effect". There is a familiar sound about those statements.

Child welfare services were reorganized and established under local child welfare authorities in 1924 and they include, among other duties, "the care and supervision of young offenders released on suspended sentence or put into their charge after a waiver of prosecution".

Income maintenance programs on a compulsory contributory basis have been adopted as the main core of the income security system. The voluntary insurance method is regarded as having conclusively broken down both in sickness insurance where strenuous efforts only resulted in a coverage of 54 per cent of the population, and in unemployment insurance.

Old Age Pensions have been established since 1948 on the same basis as Old Age Security Allowances in Canada after 1952, namely the same basic rate to all pensioners, with the main source of finance being the

national revenue. In Sweden disablement allowances are included in this general scheme.

The disjunction between average incomes and cost of adequate housing has led to major public housing programs. The matter is succinctly stated: "Since the 1940's the government has been compelled to undertake the responsibility for the general provision of housing, owing in part to the failure of private enterprise to maintain an adequate level of housing construction, and in part to the government desire to avoid a general rise in the rent level. This policy has meant a further increase in housing credits and subsidies".

The administrative arrangements for welfare in Sweden are neither as clear nor do they appear to be as effective as the proclaimed social intentions of the government. The chart at the end of the book shows a maze of partly autonomous administrative boards, working under the general supervision of two ministries and through nine different committees of the town or communal councils.

The cost of the "social budget" is estimated for 1950 at about 11 per cent of the national income. About fifty-seven per cent of the total cost of social welfare services, which are defined as approximately the same services as would be covered by the phrase "health and welfare services" in Canada, is a direct charge on the general tax revenues.

"Family Welfare Services" include

children's allowances, marriage loans, assistance during pregnancy and child birth, school lunches and other benefits in kind, housing schemes for families with children, day-nurseries and nursery schools, recreation and holiday schemes for mothers and children, social domestic aid services.

The motive force behind this concentration on the improvement of family life is to be found in the Royal Commissions of 1935 and 1941 on Population which have made the Swedes so conscious of the fact that "any positive measures aimed at increasing the birth rate should at least to an equal degree be directed at such improvement in the living conditions of children and their families as may be warranted also on purely social and humanitarian grounds".

This book prompts a number of general reflections for Canadians. While many of the specific programs are inappropriate to the special needs and the prevailing social, economic, political and geographical conditions in Canada, the refreshing thing about the Swedish approach is that social services are treated not as unfortunate impositions, but as necessary, wise, constructive and fruitful activities. The many difficulties are frankly acknowledged not as reasons to delay progress but as obstacles to be overcome with a nice admixture of caution and confidence.

JOHN S. MORGAN.

*School of Social Work,
University of Toronto.*

BRIEF NOTICES

Catalogue of Economic and Social Projects of the United Nations and the Specialized Agencies.

United Nations (Ryerson Press, 299 Queen Street West, Toronto, and Periodica Inc., 4234 de la Roche, Montreal 34), 1953. 138 pp.

Price \$1.50. A list, description and index of the work of the Secretariats of the United Nations.

A Conceptual Framework for Social Casework. University of Pittsburgh Press, Pittsburgh, 1953. 26 pp. Price \$1.50. A highly tech-

nical outline of principles suitable for a professional study group.

Enriching The Years. New York State Joint Legislative Committee on Problems of the Aging, 94 Broadway, Newburgh, N.Y., 1953. 199 pp. Free. "Tells us how we can make of old age a treat rather than a retreat".

The Family and Modern Marriage, by Wesley Topping. Ryerson Press, Toronto, 1953. 96 pp. Price \$2.50.

International Directory of Nationwide Organizations Concerned with Family, Youth and Child Welfare. United Nations, Department of Social Affairs. (Ryerson Press, Toronto), 1952. 289 pp. Price \$2.00. Compiled with the object of encouraging the international exchange of information.

In the Minds of Men, by Gardner Murphy. Basic Books, Inc., Publishers, New York, 1953. 306 pp. Price \$4.50. A study of human behaviour and social tensions in India.

Methods of Estimating Total Population for Current Dates. United Nations. (Ryerson Press, Toronto), 1953. 45 pp. Price 50 cents. The first of a series of manuals on methods of estimating population.

Research Programs and Projects in Social Work. Family Service Association of America, 192 Lexington Avenue, New York 16, N.Y., 1951-1953. 64 pp. Price 90 cents. A series of papers by several writers taken from the publication *Social Casework*.

The Social Welfare Forum, 1952. Columbia University Press, New York, 1952. 305 pp. Price \$5.00. The official proceedings of the 79th annual meeting, National Confer-

ence of Social Work, Chicago, Illinois, May 25-30, 1952.

The Stepchild, by William Carlson Smith. University of Chicago Press. (W. J. Gage and Company, Limited, Toronto), 1953. 313 pp. Price \$6.00. A study of the stepchild which in the writer's opinion should be a fruitful field of research for those interested in the problems of personality conditioning.

Child Care and the Growth of Love. Based on the report *Maternal Care and Mental Health*, by John Bowlby, abridged and edited by Margery Fry. Pelican Books, Whitefriar's Press, London, 1953. 192 pp. Price 2/-.

Let's Work Together in Community Service, by Eloise Walton. Public Affairs Pamphlet No. 194. Public Affairs Committee Inc., 22 East 38th Street, New York 16, 1953. 28 pp. Price 25 cents. A summary of Community Planning for Human Services by Bradley Buell—a comprehensive statistical study of the human problems of the community services in St. Paul, Minn.

Mental Health, by Katherine Glover. Public Affairs Pamphlet No. 196. Public Affairs Committee Inc., 22 East 38th Street, New York 16, 1953. 28 pp. Price 25 cents.

Great Britain. Report of the Committee on the Law and Practice Relating to Charitable Trusts, presented by the Prime Minister to Parliament by Command of Her Majesty, 1952. Her Majesty's Stationery Office, London, 1952. (United Kingdom Information Office, 275 Albert Street, Ottawa). 251 pp. Price \$1.50.

Great Britain. Report of the Ministry of Health, Part I. 1. The National Health Service; 2. Welfare,

Food and Drugs, Civil Defence. Her Majesty's Stationery Office, London, 1953. (United Kingdom Information Office, 275 Albert Street, Ottawa). 186 pp. Price \$1.25.

Guide for Agency Self-Appraisal, by Harleigh B. Trecker, in consultation with the Federation staff. Federation of Protestant Welfare Agencies, Inc., 207 Foster Ave., New York 3, N.Y., 1953. 24 pp. Price 35 cents.

Services for the Care and Training of Mentally Defective Persons in Canada. Mental Health Division, Department of National Health and Welfare, Ottawa, 1952. 5 pp. Free. The provision of services for mentally defective persons in Canada studied as an accepted responsibility of the individual province.

The Treatment of the Young Delinquent, by J. Arthur Hoyles. The Ryerson Press, Toronto, 1952. 274 pp. Price \$4.50. A balanced, well-documented and able survey of the Christian approach to delinquency.

Evaluation of the Programme of Advisory Social Welfare Services, 1947-1951. United Nations, New York, 1953. (Ryerson Press, Toronto, and Periodica Inc., 4234 de la Roche, Montreal 34, Canada). 100 pp. Price 75 cents. A report based on available data and information assembled from replies to questionnaires addressed to governments as well as to individual experts.

Handbook of International Measures for Protection of Immigrants and General Conditions to be Observed in their Settlement. United Nations, New York, (Ryerson Press, Toronto; Periodica Inc., 4234 de la Roche, Montreal 34), 1953. 278 pp. Price \$3.00. It is hoped that this compendium will be of value to international and national officials and experts dealing with migratory matters, as well as to voluntary agencies meeting day-to-day migration problems.

Biennial Report on Community Family and Child Welfare, 1949 and 1950. United Nations, New York. (Ryerson Press, Toronto and Periodica Inc., 4234 de la Roche, Montreal 34), 1953. Price \$3.00.

Legislative and Administrative Series, Volume II—1950. Social Defence No. 1. (Prevention of Crime and Treatment of Offenders, Suppression of Traffic in Persons and of Exploitation of the Prostitution of Others). United Nations, New York. (Ryerson Press, Toronto; Periodica Inc., 4234 de la Roche, Montreal), 1953. Price 75 cents.

Prostitution and the Law, by T. E. James. W. Heinemann Medical Books Ltd. (British Book Service (Canada) Ltd., Toronto) 1951. 160 pp. Price \$4.25. In this study an attempt has been made to state the law in England and in a number of other countries relative to factors which are considered basic in precipitating prostitution.

"THE CHILD" BECOMES "CHILDREN"

All workers in the child welfare field know and like "The Child", the magazine hitherto published monthly by the U.S. Children's Bureau. In January 1954 a new magazine entitled "Children" replaces it. It will be a larger magazine, and will appear every two months instead of every month.

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1954 CONFERENCES

February 24 to 26. Annual Conference of the Ontario Association of Institutions for Children and Youth. Toronto.

April 30 to May 2. Ontario Recreation Association Conference. Peterborough. Information from: Ontario Recreation Association, 4 Little Avenue, Weston, Ont.

June 23. Annual Meeting, Canadian Welfare Council. King Edward Hotel, Toronto.

June 24 to 26. CANADIAN CONFERENCE ON SOCIAL WORK. Royal York Hotel, Toronto. Information from: The Secretary, 245 Cooper Street, Ottawa.
Theme: Human Values—the Basic Security.

June 27 to July 3. SEVENTH INTERNATIONAL CONFERENCE OF SOCIAL WORK. University of Toronto.
For membership apply to: Miss Phyllis Haslam, Membership Chairman, 13 Washington Avenue, Toronto. Membership fee \$5.00. Registration fee \$10.00.
Theme: Promoting Social Welfare through Self-Help and Co-operative Action.

August 13 and 14. International Congress on Child Psychiatry. University of Toronto. Information from: Miss Helen Speyer, International Association for Child Psychiatry, 1790 Broadway, New York 19.

August 12 to 19. International Conference on Group Psychotherapy. Toronto. Information from: Dr. Wilfred C. Hulse, International Committee on Group Psychotherapy, 110 West 96th Street, New York.

August 14 to 21. FIFTH INTERNATIONAL CONGRESS ON MENTAL HEALTH. University of Toronto. Information from: The Executive Officer, 111 St. George Street, Toronto.
Theme: Mental Health in Public Affairs.

August 30 to September 4. WORLD CHILD WELFARE CONGRESS. Zagreb, Yugoslavia. Information from: International Union for Child Welfare, 16 rue du Mont[®]Blanc, Geneva, Switzerland.

Subjects: The Child Separated from his Family.
The Child in the Broken or Problem Family.
